

The Titusville Academy

Student Name

PERMISSION TO DISPENSE OVER THE COUNTER MEDICATIONS

Please check the following over the counter medications that the school nurse has permission to dispense to _____ (Student Name) throughout the school year.

	<u>Yes</u>	<u>No</u>
Tylenol	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>
Tums	<input type="checkbox"/>	<input type="checkbox"/>
Cough Drops	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Signature

Date