

Citadel Christian School

Consent for Over the Counter Medication for Student Administration {to be completed by parent or guardian}

Student Name: _____ Grade: _____

Citadel Christian School cannot supply your child with medication unless provided by a parent or guardian. Please bring medication to CCS that you wish to store in the clinic so it is available when your child needs it. We recommend FDA approved pain reliever (ex. Ibuprofen or Acetaminophen, Naproxen), cough (ex. cough drops), stomach relief (ex. Tums), allergy (ex. Benadryl, Zyrtec, Claritin, nasal spray), and cold medicine (ex. DayQuil, Mucinex). All medication must be delivered to CCS in its original packaging with an expiration date and in appropriate quantities for your child's needs. **A separate form is to be filled out for prescription medication.** Remember, students are NOT allowed to keep their own medication. All medications must be delivered by a parent to the clinic where they will be stored.

Medication Name: _____ Exp. Date: _____

Reason to Administer: _____ Dosage: _____

Interval : _____

Medication Name: _____ Exp. Date: _____

Reason to Administer: _____ Dosage: _____

Interval : _____

Medication Name: _____ Exp. Date: _____

Reason to Administer: _____ Dosage: _____

Interval : _____

Medication Name: _____ Exp. Date: _____

Reason to Administer: _____ Dosage: _____

Interval : _____

Parent Signature

Date