



Scattergood
FRIENDS SCHOOL

1951 Delta Avenue West Branch, IA 52358 – 319-643-7600 – mainoffice@scattergood.org

2011-2012 Parental Permission for Over-the-Counter (OTC) Medication Administration

I(We), Parent(s)/Guardian(s) of _____, a student at Scattergood Friends School, give permission for licensed and/or certified Staff to administer the following over-the-counter medication(s) to my child upon my child’s request and supporting assessment of need. I have designated each medication and understand the use, dosage, and potential side effects. This permission shall be in effect as long as my child is a student at Scattergood Friends School, and may be rescinded and/or modified by me at any time upon my written request.

- Ibuprofen (Motrin)
- Acetaminophen (Tylenol)
- Naproxyn Sodium (Aleve)
- Excedrin
- Diphenhydramine HCl (Benadryl)
- Loratadine (Claritin)
- Bismuth Tablets (Pepto-Bismol)
- TUMS
- Milk of Magnesia
- Loperamide HCl (Lomotil)
- Loperamide HCl (Lomotil)
- Lactase Enzyme
- Vitamins/Supplements
- Cold Remedies
- Topical creams for minor injuries (Icy-Hot, Arnica)
- Other _____
- Other _____
- Other _____
- Other _____

(Parent/Guardian Signature) (Date)

(Print Name)

(Parent/Guardian Signature) (Date)

(Print Name)