

CATHOLIC CENTRAL HIGH SCHOOL
OVER THE COUNTER MEDICATION
PERMISSION FORM

The office may distribute the following over-the-counter medications to my student with my permission:

Regular Tylenol (Acetaminophen): up to ____ per day

Extra-Strength Tylenol (Acetaminophen): up to ____ per day

Pepto-Bismol Tablets: up to ____ per day

Advil/Motrin (Ibuprofen): up to ____ per day

Benadryl (Allergy): up to ____ per day

Midol/Pamprin (Cramps): up to ____ per day

(Please cross out any medication you do not want your child to receive and write in the maximum dosage you would allow in one day.)

SIGNATURE FOR MEDICATIONS _____

DATE _____

*** Please see reverse side for Prescription Medications Consent Form, to be filled out and signed for those students who will be taking prescription medications that will be held in the school office, per request of the student's parent/guardian.