



WHITINSVILLE CHRISTIAN SCHOOL

LANCE B ENGBERS, MA
Headmaster

NON-PRESCRIPTION MEDICATION DISPENSING AUTHORIZATION

This form MUST be completed EACH school year.

Student's Name _____

Grade _____

I give permission for the school nurse to administer the following medication to my son/daughter.
(Please indicate which of the following medications may be given to your child as needed.)

I understand that if a registered nurse is not available, non-nursing personnel are not permitted to administer any medication that is prescribed on an "as needed" basis. This includes ALL over-the-counter medications, including those listed below.

Tylenol/Acetaminophen _____

Benadryl _____

Advil/Ibuprofen _____

Tums _____

Caladryl/Calamine _____ Triple Antibiotic Ointment _____ 1% Hydrocortisone cream _____

Special instructions _____

Signature of Parent/Guardian

Relationship to Student

Date

TRAIN A CHILD IN THE WAY HE SHOULD GO. (PROVERBS 22:6)