

REAL STUDENT MINISTRY 2020

Medication Permission Card (Over-the-Counter)

My student, _____, has permission to take the following Over-The-Counter Medications as dispensed by adult sponsors.

- ____ Tylenol/
Acetaminophen
- ____ Advil/Ibuprofen
- ____ Excedrin
- ____ Tums
- ____ Pepto Bismol
- ____ Benadryl
- ____ Other _____

____ My child has the following allergies:

Parent Signature _____ Cell _____

REAL STUDENT MINISTRY 2020 Medication Schedule

(Prescription or regularly administered medication)

Student Name: _____

Grade: _____

Age: _____

Gender: M / F

	Medication Name	Dosage	Notes
1			
2			
3			
4			
5			

Parent Signature _____ Cell _____