

2008-2009 TSGW Non-Prescription Oral Medication Form

Child's Name _____ Phone Number: _____
Last First My child's weight is approximately: _____

If my child feels ill, I hereby authorize the medication assistant of TSGW to administer the following medications to my child:

(Circle responses below:)

yes no **Acetaminophen, Children or Junior Strength** (chewable) in the amount indicated on the bottle for my child's age and approximate weight (for pain, fever & headache)

yes no **Acetaminophen, Adult Strength** (must be swallowed) in the amount indicated below (circle strength that applies):
325 mg., 1 caplet – regular strength
500 mg., 1 caplet – extra strength

yes no **Ibuprofen - Junior Strength** - 100 mg (for dental pain or muscular pain)
Adult Strength - 200 mg (circle strength that applies)

yes no **Benadryl** - 12.5 mg (for mild allergies only)
- 25 mg (circle strength that applies)

_____ **I DO NOT WANT ANY MEDICATION GIVEN TO MY CHILD IN SCHOOL.**

Parents (or persons listed for emergencies) will be called in the event of fever or severe illness to pick up the child.

Date: _____ Parent's Signature: _____