
Student Name (Please Print)

Permission to Dispense Over-the-Counter Medication

A NCS staff member or their designee has my permission to dispense the following over-the-counter medication to my child from May 10th through May 13th, 2015. It is understood that recommended dosages, as noted on the original containers, will not be exceeded. Parents will be notified by phone should a condition persist for more than 48 hours.

Place an "X" for each medication in the appropriate column.

| Medication | May Dispense | May NOT Dispense | Special Notes |
|---|--------------|-------------------------|---------------|
| 1. Ibuprofen (Advil/Motrin) | _____ | _____ | _____ |
| 2. Extra Strength Tylenol | _____ | _____ | _____ |
| 3. Benadryl | _____ | _____ | _____ |
| 4. Pseudoephedrine (Sudafed) | _____ | _____ | _____ |
| 5. Pseudoephedrine/ Acetaminophen (Daytime Nyquil) | _____ | _____ | _____ |
| 6. Tums | _____ | _____ | _____ |
| 7. Neosporin | _____ | _____ | _____ |
| 8. Dramamine | _____ | _____ | _____ |
| 9. Bonine | _____ | _____ | _____ |
| 10. Other | _____ | _____ | _____ |

In addition, my child will be carrying and self-administering the following medication(s). It is understood that all narcotics must be in the possession of an adult chaperone for dispensing:

Parent Signature

Date