



Sandra L Mers, Superintendent
Scott A. Holstein, Assistant Superintendent

2024/2025 School Year

Over the Counter Medication Release

Dear Parents and/or Guardians:

Below is a list of some over-the-counter medications (no prescription needed). These medications would be administered in the event that your child would present to their teacher or the principal with minor aches, pains, itching, etc. I am asking each parent to please mark the over-the-counter medication that you would feel comfortable with your child receiving at school. My goal in this is to assure that each child receives the care necessary for him/her to learn during their time at school. All medication will be administered based on the manufactures label.

If your child receives a medication with this authorization, I will notify you by phone or by sending a written note home that day regarding the dose and time of administration.

Thank you,

Melissa Colyer, Principal

YES, I GIVE PERMISSION

NO, I DON'T GIVE PERMISSION

Student Name: _____

Allergies: _____

Current Medication/s: _____

Neosporin Ointment topical

Tums/Pepto Bismol

Acetaminophen (Tylenol) oral

Benadryl/Allergy Relief

Ibuprofen (Motrin) oral

Hydrocortisone Cream (Cortisone Cream) Topical

Cough Drops/Lozenges (Halls Cough Drops) Oral

Signature of Parent/Guardian

Signature of Principal