

**SCCS MEDICATION DISPENSING PERMISSION SLIP  
2018-2019**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Please indicate if SCCS has permission to administer the following over-the-counter medications (or equivalent generic) to your child.**

Tylenol                      Yes \_\_\_\_\_ No \_\_\_\_\_

Advil                         Yes \_\_\_\_\_ No \_\_\_\_\_

Cough Drops              Yes \_\_\_\_\_ No \_\_\_\_\_

Tums                         Yes \_\_\_\_\_ No \_\_\_\_\_

**Other Medications:**

Name of medication: \_\_\_\_\_

Amount of medication to be administered: \_\_\_\_\_

Frequency of dosage: \_\_\_\_\_

Date of discontinuation of medication: \_\_\_\_\_

Reason medication is needed: \_\_\_\_\_

\_\_\_\_\_

Parent or guardian phone number: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_

**\*\*All medication, prescription or over-the-counter, must be in the original container.**

**\*\*All medication, prescription or over-the-counter, must be kept in the school office.**

**\*\*Asthma inhalers and other rescue medications may be kept on the person as long as a written statement from the physician is on file in the office. (This has to be renewed each year.)**