

Evergreen Community Charter School

Over-the-Counter Medication Form

Student Name _____

Please check the box next to the medication(s) below to indicate which medication(s) you give permission for the School Nurse to administer to your child while he/she is in school. Thank you!

Aleve

Tylenol

Advil

Pepto Bismol

Benadryl

Tums

Cough Drops

Please list student allergies: (if applicable) _____

Parent Signature _____