



School Year: 2024-25

OVER-THE-COUNTER MEDICATION PERMISSION FORM

Name of student: _____ Age: _____ Weight: _____

Allergies:

I hereby authorize the staff of Islamic Community School to administer the following over-the-counter medication to my child, as needed:

_____ Acetaminophen _____ Calamine Lotion _____ Ibuprofen _____ Decongestant
_____ Cough Syrup _____ Throat Lozenge or Other: _____

Please Note: The school will not exceed recommended dosage or administer medication if age recommended does not match your child's age. The school will contact you to verify whether medication was given at home before coming to school.

The school will contact you in case your child has a fever, vomiting, and/or diarrhea. If your child suffers from any of these conditions, arrangements must be made to pick up the student immediately.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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PLEASE NOTE: If your child's doctor gives a prescription medication that needs to be given to your child during the school day, you must complete a separate form that is in the office giving school officials permission to administer the medication according to doctor's directions which should be on the label of the medication.