

WAVERLY COMMUNITY SCHOOL DISTRICT # 6

201 North Miller

Waverly, Illinois 62692

Telephone: (217) 435-8121 Fax: (217) 435-3431

Consent for Medication Administration

Student: _____ DOB: _____ School Year: _____

Allergies: _____

Please check the following **over-the-counter medications** that your child may receive at school if needed:

_____ Ibuprofen (Motrin)

_____ Anti-Itch Cream

_____ Acetaminophen (Tylenol)

_____ Cough Drops

_____ Antacid Tablets (Tums)

_____ Antibiotic Ointment (Neosporin)

_____ Eye Drops (saline solution)

_____ Oral Pain Relief (Orajel)

_____ I do NOT want my child to receive ANY over the counter medication

Parent/Guardian Signature

Daytime Phone

Date

*If your child requires prescription medication, please fill out the Prescription Medication Consent form