

**Wichita Christian School
Over-the-Counter Authorization Form**

Student: _____ Date of Birth: _____

Medication Allergies: _____ Grade: _____

Food Allergies: _____ Teacher: _____

Over the course of the school year your child may complain of a stomach ache , headache, cough, or another type of minor pain/ache. The school may, with your permission, treat your child with an over-the-counter medication. These medications are: Tylenol (liquid or pill form, age-dependant), Motrin (liquid or pill form, age-dependant), Tums, and cough drops. Please initial below FOR EACH MEDICATION to give us permission to treat your child. If you DO NOT initial beside the medication, we will call you for permission prior to treating your child. Please then sign below and return this form to WCS office (even if you are not giving us permission to treat).

Please keep in mind that all WCS Health Clinic Guidelines still apply. For instance, if your child has a fever, they will have to be picked up from school.

Initial and Sign Below to Give WCS Permission to Treat:

_____ My Child may be treated with Tylenol/Acetaminophen

_____ My Child may be treated with Motrin/Advil/Ibuprofen

_____ My Child may be treated with Tums

_____ My Child may be treated with cough drops

_____ h _____ w _____ c _____
Parent/Legal Guardian Printed Name Telephone number(s)

_____ Date
Parent/Legal Guardian Signature