



Name of Child _____ Grade _____

In addition to First Aid, my child may be treated with the following: (Answer all selections)

	Yes	No		Yes	No		Yes	No
Tylenol			Antacid (stomachaches)			Benadryl		
Anbesol (toothaches)			Ibuprofen (Advil/Motrin)					

By my signature, I give consent to the school to carry out all of those items indicated by checking “Yes” responses above in regard to my child,

(child’s name)

Date _____ Parent/Guardian signature _____