



**Second Mesa Day School**  
**P.O. Box 98**  
**Second Mesa, Arizona 86043**  
**Phone: 928-737-2571 Fax: 928-737-2565**

**School Year \_\_\_\_\_ Over-the-counter medication form**  
*(New forms must be completed each school year)*

Dear Legal Guardian:

Occasionally, your student may unexpectedly need medication during the school day. For these occasions, the medical office maintains a limited supply of over-the-counter children's medications. Please complete the form below if you want your student to receive any of the medications listed below during the school day. Otherwise, you may have to come pick up your student if he/she was to become ill during school hours.

**PLEASE DO NOT SEND STUDENT TO SCHOOL IF HE/SHE IS ILL**

STUDENTS NAME \_\_\_\_\_ DATE of BIRTH \_\_\_\_\_

My student may receive the following checked over-the-counter children's' medication at school:

Yes	No	MEDICATIONS	DOSAGE
_____	_____	Acetaminophen (Tylenol Liquid)	manufacturers recommended dosage
_____	_____	Acetaminophen (Tylenol Tablets)	manufactures recommended dosage
_____	_____	Ibuprofen (Motrin liquid)	manufactures recommended dosage
_____	_____	Ibuprofen (Motrin tablets)	manufactures recommended dosage
_____	_____	Antacid (Tums/Pepto)	manufactures recommended dosage
_____	_____	Allergies (Benadryl)	manufactures recommended dosage
_____	_____	Ointment (reduce infection)	manufactures recommended dosage

I, authorize the Medical Technician or Trained Designee to be my agent to give the medication(s) checked above to my student.

Parents/Guardians: Age specific children's medication will only be given NO adult medication. When sending over-the-counter medication not on the list it needs to be in original packaging unopened and be dropped off by parent/guardian at the Medical Tech. Office which will be kept in locked cabinet.

Legal Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_