



Cook County Schools Health Office
 Alexandria Ermatinger, Registered Nurse
 Phone 218.387.2271 ext. 116



For All Students
Non-Prescription (Over-the-Counter) Medication Permission for Administration to Student

Student Name _____ Birthdate: _____ Grade: _____ School Year _____

I give permission to the district health office staff or health office delegate to administer the following (in accordance to medication label instructions and dosing):

- Acetaminophen (ie: Tylenol)
 _____ Adult Formula _____ Children's Formula
- Ibuprofen (Ie: Motrin or Advil)
 _____ Adult Formula _____ Children's Formula
- Cold relief such as Robitussin
- Pepto-Bismol
- Benadryl
- *Other _____

in the event he/she requires over-the-counter pain relief while at school.

My child gets frequent:

- Headaches
- Growing pains
- Sore Muscles
- Menstrual Cramps
- Allergies
- Upset Stomachs
- Other: _____

*This permission is valid for the current school year only.

For elementary-age students, the health office staff or delegates will take measures to inform the caregiver, by note home in student folder, when over-the-counter non-prescription medication (as permitted above) is given to the student.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

WORK PHONE: _____ HOME/CELL PHONE: _____