**School City of Whiting**

**Office of Health Services**

The Nurse’s office has a supply of the following over the counter medications. Please check below if you give permission for your child to receive any of the following medications, if needed, during the school day. A signed consent is necessary for medications to be given.

\_\_\_Tums \_\_\_\_1 tablet as needed \_\_\_\_2 Tablets as needed

\_\_\_ Acetaminophen (non-aspirin) 160 mg chewable tables

 \_\_\_ (age4-5) 1 ½ tablets

 \_\_\_(age 6-8) 2 tablets

 \_\_\_( ages 9-10) 2 ½ tablets

 \_\_\_( age 11) 3 tablets

 \_\_\_ 325 mg tablet

\_\_\_ Redness relieving eye drops

\_\_\_ Cough Drops

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Student’s name Parent/Guardian Name

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Student’s Date of Birth Parent/Guardian Signature