



Meeting Street Bright Futures

Authorization To Administer Non-Prescription Medication

This form is an authorization for administration of non-prescription oral medications. Please note the staff would not administer the Benadryl unless your child was at serious risk for a reaction. The oral non-prescription medications are Tylenol or Motrin, for example. Please complete this form with the advice of your physician.

Child's Name: _____

Child's Weight: _____ Child's Age _____ Child's DOB _____

Benadryl dosage _____

Over-the-counter medications such as Tylenol, Motrin, cold and cough formulas:

Medication Dosage

Medication Dosage

Medication Dosage

Medication Dosage

I hereby give permission for the Staff at Meeting Street School to administer to my child the above non-prescription medications. I am aware that it is my responsibility to keep the Staff informed of any changes related to the above non-prescription medications. I am not aware that my child is allergic to any of the above-listed non-prescription medications.

Parent's/Guardian's Signature: _____ Date _____

Physician's Signature _____ Date _____

Parent's/Guardian's Comments:

Interpreted by: _____ Date _____