BRIGHTality

Permission For Over-the-Counter Medication

Childs Name:	
D.O.B	
Home Telephone Number:	
Allergies:	
Medical Problems:	
Current Medications:	

In the event that your child/student complains of a minor illness, (i.e. headache, stomach ache, cough or cold symptoms, sore throat, menstrual cramps or minor aches and pains) during the school day, Provided below is a list of "over the counter medications" that may be administered to your child by a School staff member. Please check all medications you would like available to your child during the school day.

☐	**Advil/ Ibuprofen (headaches, aches and pains)**
☐	Anbesol/Orajel (tooth aches)

☐	Eye Drops
☐	Hydrocortisone Cream 1%
☐	Lozenges (Cough Drops) (sore throat)
☐	Pepto-Bismol (diarrhea-stomach aches)
☐	Rolaids/Tums (stomach aches)
☐	Tylenol (headaches, aches and pains
☐	Benadryl (Allergies)
☐	Midol (Cramps, bloating, Menstrual related pain)

Other information regarding your child that you would like the School Staff to know

☐ YES, administer "over the counter medications" to my child if needed during the school day.

☐NO, do not administer any "over the counter medications" to my child during the school day.

*By checking this box ☐ and typing my name below, I am electronically signing this application.

Parent/Guardian Signature

Date: Click or tap to enter a date.