



# Non-Prescription Medication Permission Form

*Please print or type:*

Student's Name \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex F  M

Name of Parent(s) or Legal Guardian \_\_\_\_\_

Cono Christian School has permission to administer these over-the-counter medications to my child as needed. Please place a check mark by each approved medication:

- Tylenol 500mg—1 tablet every 4 hours
- Ibuprofen 200mg—1 tablet every 6 hours
- Benadryl 25mg—1-2 tablets every 4-6 hours
- DayQuil or NyQuil for cold symptoms per package dosage
- Theraflu—per package dosage
- Robitussin cough syrup
- Tums chewable antacid tablets
- Pepto-Bismol—for indigestion/diarrhea
- Mucinex—expectorant
- Midol—menstrual cramps (female)

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

## Immunization Consent

A child attending school in Iowa must be in compliance with immunizations required by State Law and Cono Christian School has testing and vaccination requirements in addition. I consent the administration of any immunizations or test necessary for compliance with these requirements.

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date