

Hanger Hall School

Over The Counter Medication Form

2011-2012 School Year

Student's Name _____

Grade _____

Allergies _____

The medications below may be administered to my child during a regular school day or on a school trip at the discretion of the Hanger Hall staff. Student age and weight will be factored into the appropriate dose. PLEASE CROSS OUT ANY MEDICATION NOT TO BE ADMINISTERED.

Tylenol (or the generic equivalent)

antibiotic ointment

Advil (or the generic equivalent)

Hydrocortisone
cream

Throat/Cough Drops

Tums or Pepto

**** I release The Hanger Hall School and its personnel of any liability related to the administration of the **over the counter** medication listed above.

Parent/Legal Guardian Signature

Date
