

Dear Parent/Guardian,

As directed by the Steubenville Diocesan office, schools must obtain **WRITTEN PERMISSION** from parents allowing us to give any medications including over-the-counter medications. Without written permission **NO** over the counter meds will be dispensed to your child during school hours.

If your child will require any OTC medications on a regular on-going basis we will need a physician's approval. You will be notified if a medication is administered.

Please check off the following meds we have permission to dispense.

Acetaminophen (Tylenol) _____

Ibuprofen (Advil, Motrin) _____

Antacids (Tums) _____

Cough Drops _____

Name of the Student _____

Allergies _____

Phone number you would like used for notification _____

Send medications **ONLY IN THE ORIGINAL BOTTLE** please.

Please regard my signature as my assurance that I release Bishop Mussio Jr High and any of the school's officers/employees from liability resulting from the consequences or adverse reactions of my child taking or failing to take this medication.

Signature of Parent/Guardian

Date