



## MEDICATION PERMISSION FORM

I give my student permission to take the following medication at school for minor aches and pains.

- Extra Strength Acetaminophen (Tylenol)
- Ibuprofen
- Benadryl

Student Name: \_\_\_\_\_

Parent/Guardian : \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date \_\_\_\_\_