

# *Consent for Medication*

\_\_\_\_\_

Date

\_\_\_\_\_

School

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

PATIENT MAY RECEIVE THE FOLLOWING MEDICATION FOR fever, headache, or pain.

TYLENOL \_\_\_\_\_mg. EVERY 4 HOURS

MOTRIN/ADVIL \_\_\_\_\_mg. EVERY 6 HOURS

PATIENT MAY RECEIVE THE FOLLOWING MEDICATION FOR cough or sore throat.

COUGH DROPS \_\_\_\_\_ AS NEEDED

PATIENT MAY RECEIVE THE FOLLOWING MEDICATION FOR upset stomach.

TUMS \_\_\_\_\_ AS NEEDED

Physician Signature: \_\_\_\_\_

Parental Signature: \_\_\_\_\_