



**Over The Counter Medication
Administration
Parental Permission**

I give permission for my child, _____

to be given the over the counter medication listed below at Chesterbrook Academy.

_____ Suntan Lotion (Brand) _____

_____ Ointment (Brand) _____

_____ Teething Gel (Brand) _____

_____ Other _____

Parent's Signature

Date

ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER