

Gilmore City-Bradgate Community School District

School Year _____

Student's Name _____ Grade _____ BD _____

Permission for Medication Administration at School:

I hereby give my consent to administer the below indicated medication to my student in the event of fever, or student headache symptoms. I understand that I will be contacted if student requires any medication for more than one consecutive day. This will not prevent the school from notifying me in the case of fever and the need for my child to go home.

Tylenol: ____ 325 mg.; ____ 500 mg. ____ 160 mg. ____ Liquid #/cc of _____

Acetaminophen (generic) ____ 325 mg.; ____ 500 mg ____ 160 mg. ____ Liquid #/cc of _____

Ibuprofen _____ 200 mg ____ 100 mg chewable ____ liquid #/cc of _____

Antacid Tablet _____ Cough Drop _____ (upon request of student)

I, _____ give my permission for my student,
_____ to receive the above indicated
medication in the event of the above described symptoms. (Dosing is as I have indicated above
or dose per bottle.)

Signature: _____ Date: _____