

Plymouth Meeting Friends School
STOCKED NON-PRESCRIPTION MEDICATION CONSENT FORM
School Year 20 __/__

The following non-prescription medications may be stocked by Plymouth Meeting Friends School and are used on an as needed basis to manage discomfort, illness, and injury.

- Children's Acetaminophen (*Tylenol*)
- Children's Ibuprofen (*Advil, Motrin*)
- Diphenhydramine antihistamine/
allergy medicine (*Benadryl*)
- Generic cough drops
- Benzocaine cough drops (*Chloraseptic*)
- Calcium Carbonate (*Tums*)
- Topical lotions (Calamine lotion, Aloe,
Antibiotic Ointment, hydrocortisone cream)

Cross out those medications that a student may NOT take.



I give my consent for Plymouth Meeting Friends School staff to supervise my child taking stocked non-prescription medications during the 20 __/__ school year. *I understand that PMFS will ALSO contact me prior to each administration of non-prescription medication.*

Student Name _____ Grade _____

For medication dosage: Age _____ Weight _____

Both parent and physician signatures are required.

Parent Signature

Date

PRINT Parent Name

Physician Signature

Date

PRINT Physician Name

Return to PMFS Main Office.

Office Use Only:

- ___ *Update in Database*
- ___ *Student Info Form: update to Teacher, Admin, X-day (if nec.)*
- ___ *Original in OTC Medication file*