



**Residential Students Over-the-Counter (OTC) Medication Permission
2020-2021**

Please check one: **Walden School** or **Marie Philip School**

Student name: _____

Date of Birth: _____

The following over the counter medications will be given to your child if the need arises, with both parent/guardian permission and an MD's order.

I give permission for my child to receive the medications listed below during the school year. I have checked **NO** for any medications or creams that I do **NOT** give permission for my child to receive.

MEDICATION	YES	NO
TYLENOL		
ROBITUSSON		
BACITRACIN OINTMENT		
TUMS		
SUNBLOCK		
ADVIL		
COUGH DROPS		
MUSCLE RUB (BENGAY)		
HYDROCORTISONE CREAM		



Please indicate any other over-the-counter medications your child may need:

Parent/guardian signature: _____

Date: _____