

# Montessori Regional Charter School **Medication Consent Form**

\_\_\_\_\_ Grade \_\_\_\_\_  
Last Name First Name

1. In case of headache or pain, I authorize that my son/daughter be given acetaminophen (such as Tylenol) or ibuprofen (such as Motrin).

Yes \_\_\_\_\_ No \_\_\_\_\_

2. In case of upset stomach, I authorize that my son/daughter be given an antacid.

Yes \_\_\_\_\_ No \_\_\_\_\_

3. In case of allergy symptoms, I authorize that my son/daughter be given an antihistamine (such as Benedryl).

Yes \_\_\_\_\_ No \_\_\_\_\_

4. In case of cough or sore throat, I authorize that my son/daughter be given cough drops.

Yes \_\_\_\_\_ No \_\_\_\_\_

MRCS will not give any other medication at school without a written order from your physician.

\_\_\_\_\_  
Signature of Parent/guardian

\_\_\_\_\_  
Date