



School Year: 2025-26

**OVER-THE-COUNTER MEDICATION PERMISSION FORM**

Name of student: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the staff of Islamic Community School to administer the following over-the-counter medication to my child, as needed:

\_\_\_\_\_ Acetaminophen      \_\_\_\_\_ Calamine Lotion      \_\_\_\_\_ Ibuprofen      \_\_\_\_\_ Decongestant  
\_\_\_\_\_ Cough Syrup      \_\_\_\_\_ Throat Lozenge or Other: \_\_\_\_\_

Please Note: The school will not exceed recommended dosage or administer medication if age recommended does not match your child’s age. The school will contact you to verify whether medication was given at home before coming to school.

The school will contact you in case your child has a fever, vomiting, and/or diarrhea. If your child suffers from any of these conditions, arrangements must be made to pick up the student immediately.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PLEASE NOTE: If your child’s doctor gives a prescription medication that needs to be given to your child during the school day, you must complete a separate form that is in the office giving school officials permission to administer the medication according to doctor’s directions which should be on the label of the medication.**