**Fillmore Central School**

**Standing Order for Over-The-Counter**

**Medication Permission Form**

104 West Main Street Fillmore NY 14735 Phone: 585-567-8584 Fax: 585-567-2541

I give permission for Fillmore Central School to administer the following

OTC medication to my child to assist him/her to complete the school day. I understand this is for emergencies only and if my child needs the following medication on a regular basis I will fill out the OTC Medication Permission form and supply the OTC medication for my child.

 Tylenol/Acetaminophen

Advil/Ibuprofen

Hydrocortisone Cream

Triple Antibiotic Cream

Chloraseptic Throat Spray

Tums

Solarcaine

Sun Screen

**Parent/Guardian**

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

*Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_*