



ELEMENTARY MEDICATION PERMISSION

The following medications are those given, as needed, to the elementary students at
Dublin Christian Academy
as usual and customary treatments for the conditions in parentheses:

Diphenhydramine “Benadryl” (allergies)

Dimetapp, Sudafed, Robitussin (colds)

Acetaminophen “Tylenol” (general pain, sore throat, headache and fever)

Ibuprofen “Advil” (migraines, injuries, muscle aches, and menstrual cramps)

Dramamine (motion sickness)

Maalox, Mylanta, or Pepto Bismol (upset stomach)

Hydrocortisone, Rhul spray, Camphophenique, Caladryl, Calamine, Triple
Antibiotic Cream (skin rashes, irritations, and infection)

I hereby give permission for the administration of the above (or their
generic equivalent) to

_____ (Student’s Name)

With the following exception: _____

Signature _____ Date _____

Relationship to Student _____