



JUNIOR HIGH & HIGH SCHOOL MEDICATION PERMISSION

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

Diphenhydramine “Benadryl”, Claritin-D (allergies)

Dimetapp, Sudafed, Robitussin, cough syrups (colds)

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

Ibuprofen, Nuprin, Pamprin, Midol (migraines, injuries, muscle aches, and menstrual cramps)

Dramamine (motion sickness)

Maalox, Mylanta, or Pepto Bismal (upset stomach)

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

Milk of Magnesia (constipation)

Nix (lice)

Loperamine “Immodium” (diarrhea)

Insect spray (protect against EEE, West Nile, and Lyme)

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 _____