



Student Name _____
Last First

OTC Medication Permission

Please check as appropriate:

____ **I hereby grant permission** for Montessori World School (“MWS”) to provide regular strength acetaminophen tablets (Tylenol or generic brand) when requested by my student as directed on the packaging.

____ **I hereby grant permission** for Montessori World School (“MWS”) to provide regular strength ibuprofen tablets (Advil, Motrin, or generic brand) when requested by my student as directed on the packaging.

____ **I hereby grant permission** for Montessori World School (“MWS”) to provide topical antiseptic/ antibiotic ointment (Neosporin) when requested by my student as directed on the packaging.

____ **I hereby grant permission** for Montessori World School (“MWS”) to provide topical allergy relief cream (Benadryl, Cortizone) when requested by my student as directed on the packaging.

____ **MWS does NOT** have my permission to provide acetaminophen.

____ **MWS does NOT** have my permission to provide ibuprofen.

____ **MWS does NOT** have my permission to provide topical antiseptic/ antibiotic ointment.

____ **MWS does NOT** have my permission to provide topical allergy relief cream.

Parent signature _____ Date _____

Daytime phone _____

Medical Conditions

____ My student has no known physical or medical limitations.

My student has the following known physical or medical limitations:

- | | | |
|---------------------|-----------------------|--------|
| Diabetes | Epilepsy | Asthma |
| Severe Food Allergy | Severe Insect Allergy | Other |

If you circled any of the above conditions, please provide specifics.

My student regularly takes the following medication(s):

Name _____; Reason/Treatment _____
Side effects, if any _____

Name _____; Reason/Treatment _____
Side effects, if any _____