

Medical Information Form

Student's Name: _____

Permanent Medications Child Takes: _____

Medical Conditions: _____

Emergency Contact (other than parent): _____

Please check the over-the-counter medications that you will allow me to administer to your child:

Tylenol _____

Advil _____

Pepto Bismol _____

Benadryl _____

Print Parent Name: _____

Parent Signature: _____ Date: _____