

**South Orange Country Day School
Medicine Approval Form**

Child's Name _____ Class _____

Prescription/Over-the-Counter Medicine

I am requesting that _____ (child's teacher) give my child
_____ (Prescription medicine name) using
the following schedule:

(please detail the exact day and the exact time to be administered)

Please detail any adverse reactions that we should monitor: _____

Seasonal Allergy Medicine

I am leaving a bottle of _____ labeled with my child's name.

I am requesting that _____ (child's teacher) administer this medicine
when my child's seasonal allergies are interfering with his/her comfort and ability to
focus during class time.

Please call me prior to every administration. _____ (signature)

OR

Please use your discretion in administering this medicine.

I do not need to be contacted prior to administration. _____ (signature).

OR

Please use your discretion in administering this medicine however please do not
administer this medicine prior to _____ AM / PM. I do not need to be contacted prior to
administration. _____ (signature)

I authorize South Orange Country Day School to administer the above mentioned
medicine to my child.

Parent Signature

Date