



Waverly Hall Christian Academy

Over the Counter Medication Permission

P.O. Box 40, 8365 Hwy 208 Waverly Hall, GA 31831-0040

Phone (706) 582-2228 * Fax (706) 582-2229

www.whchristian.org email office@whchristian.org

I _____ (parent/guardian) give permission to WAVERLY HALL CHRISTIAN ACADEMY to administer the following over-the-counter medications and or their generic equivalent to my child.

_____ (child name) if the administrative personnel deems it necessary. Dosages will be administered according to directions on the packages unless a physician directs otherwise. This agreement is valid for ONE YEAR unless otherwise specified.

Pain and Fever

- Tylenol (Acetaminophen).
- Advil (Ibuprofen)
- Aspirin
- Aleve (Naproxen Sodium)
- Midol/Pamprin
- Other _____
- Other _____

Digestive/Allergy

- Imodium AD (loperamide/simethicone).
- Kaopectate
- Pepto-Bismol
- Calamine Lotion
- Benadryl and or Benadryl Spray
- Decongestant (pseudoephedrine)
- Other _____

Other Medication

- First Aid Ointment
- Tums
- Antibiotic Cream
- Cough Drops
- Throat Lozenges
- Aloe Vera Ointment
- Other _____

My child is allergic to the following medications:

My child is allergic to the following Foods, Plants, and Pests (insects):

My child takes the medications listed below on a regular basis (please include both prescription and non-prescription medicines).

Medicine

Usual Dosage

NO MEDICATION WILL BE DISPENSED WITHOUT PARENT/GUARDIAN SIGNATURE

Signature of parent/guardian _____ Date: _____

Phone Number: (home) _____ (cell) _____ (work) _____