



Waverly Hall Christian Academy

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Over the Counter Medication Permission

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 deem it necessary.

Dosages will be administered according to directions on the packages unless a physician directs otherwise.

Pain and Fever

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

Digestive/Allergy

- Imodium AD
- Kao pectate
- Pepto-Bismol
- Calamine Lotion
- Benadryl and or Benadryl Spray
- Decongestant (pseudoephedrine)

Other Medication

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

Wounds

- Band-Aids
- Neosporin
- Bac tine
- Bacitracin
- 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) _____

