

LAKE REGION CHRISTIAN SCHOOL
7398 Fairview Road, Baxter, MN 56425
(218) 828-1226 Fax (218) 828-1643

**Parent Authorization for Administration of
Nonprescription Medication**

I the parent or guardian request and authorize the school to administer over-the-counter nonprescription medication to my child (student name) _____

Date of Birth _____ Grade _____ Weight _____

Please check which medications you would like us to administer to your child and for what reasons

_____ ibuprofen (200 mg) _____

_____ acetaminophen (500mg) _____

_____ children's/jr. strength acetaminophen _____

_____ Pepto Bismol _____

_____ antacid tablets (Tums) _____

_____ Cough Drops _____

Other _____

Parent or Guardian signature _____ Date _____

Home/Cell phone _____ Work phone _____

A limited supply of the above non-prescription items is available in the school office to be administered when there is a need and only with parental permission. If possible, please supply your own medication in its original labeled container, label with your child's name and any other information, and turn in to the school office. The parent or guardian is responsible to pick up unused medications from the school office at the end of the year or when it is no longer needed. Thank you.