



2023-2024

Consent to Administer Non-Prescription Medications

I, _____ give my consent for PACE Staff and/or the School Nurse to administer the following Non-prescription medications to my child _____ to treat minor symptoms which would not prevent my student from remaining at school.

Please select all that apply:

- Tylenol/acetaminophen
- Advil/Motrin/ibuprofen
- Pepto Bismal
- Tums
- Midol/Pamprin
- Neosporin/Bacitracin/Antibiotic ointment
- Hydrocortisone/Anti-Itch Cream
- Natural Tears/Refresh Eye Drops

My child has the following allergies:

Sign _____

Date