



### Student Medication Administration Form

Student Name \_\_\_\_\_

I give permission for St. Dominic School personnel to assist my child in the administration of the medications that I have initialed.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or guardian signature

Initials	Medication	Indication
	Tylenol (acetaminophen)	Pain
	Benadryl (diphenhydramine)	itching or allergic reaction
	Tums (calcium carbonate)	gastric irritation
	Caladryl (camphor)Lotion	itching
	Artificial Tears	eye irritation
	Cough Drops (age 5 and over)	cough or throat pain/irritation
	Antibacterial Ointment	minor cuts/abrasions

**These medications are provided by the school as a courtesy to our families. Staff note the medication administered and the time of administration in the child's electronic health file. An email will be sent home with the child to inform the parent of any medications administered at school unless you instruct us otherwise.**