



Olton ISD

PRN Medication Consent Form

Student Name: _____ DOB: _____ Grade: _____

Allergies: _____ Reaction: _____

I **do** give permission for my child to receive the following medications as needed, while at school: (please check all that apply)

- Tylenol
- Ibuprofen
- Tums
- Pepto- Children's Mylicon
- Zyrtec
- Claritin
- Cold Multi-Symptom Relief
- Orajel
- Throat Lozenge

I **do NOT** give permission for my child to receive medication without first being contacted.

Parent/Guardian Name

Date

Parent/Guardian Signature