



**HEARTLAND CHRISTIAN SCHOOL
NON-PRESCRIPTION MEDICATION PERMISSION SLIP**

I give permission for school personnel at Heartland Christian School to administer the following medication to my student as needed (please check all that apply):

Ibuprofen - children's chewable 100 mg tablet

Ibuprofen - 200 mg tablet

Tylenol - children's chewable 160 mg tablet

Tylenol - 500 mg tablet

or

My student **does not have permission** to take medication at school

Name of student: _____

Special Instructions (examples- specific dosage or reasons to administer medication):

All medication will be dosed based on manufacturer's guidelines on the packaging for the student's age. I release school personnel from any liability in relation to the administration of this medication at school.

Parent/Guardian Signature: _____ Date: _____