

Authorization for Over the Counter Medication

I hereby give the	Health Care Manager or h	=	=	tudent's School, more of the following ove
the counter medicontainer.	cations or external prepar	_ :	-	_
Student's Name:				
Tylenol	Antibiotic Ointment	First aid spray	Ibuprofen	Cough Drops
List any other OT	C medications your child m	nay need:		
Special Directions	 <u></u> <u>S:</u>			
packaging with d	All medications need to hoses and directions for adthe designated chaperone on while on the trip, your	ministration. All me health care manag	dications must l er. In the event	pe supplied by parents and it is necessary to purchase
Parental Permissi	on (to be completed by Pa	rent/ Legal Guardian	<u>ı</u>):	
I grant the Health	n Care Manager or his/her	=	-	our Student's School, of each over the counter
medication to be	provided.			
respective officer	and hold Nord Anglia Educa s, employees, agents and unter medication.		-	
Parent/ Guardian	Name:	Pho	ne Number:	
Signature of Pare	nt/Legal Guardian (please ty	/pe name) Date	of Signature	