

Prince of Peace School

4600 Moss Creek Blvd., Hoover, AL 35226

(205) 824-7886

ADMINISTRATION OF OVER-THE-COUNTER MEDICATION

Child's Name: _____ Birthdate: _____

Parent's Name: _____ Date: _____
expires 1 year from date above

Address: _____ Phone # _____

School: _____ Grade: _____ Teacher: _____

PARENT REQUEST/AUTHORIZATION: - I request that the following non-prescription medication(s) be administered to my child as needed for:

Reason: _____

Name of Medication	Dosage	Time
_____	_____	_____
_____	_____	_____

Parent's Signature: _____

Home Phone: _____ Work Phone: _____

Physician's Signature: _____

Phone: _____

*Note: Stocked medication will not be provided by the school.
It is the responsibility of the parent/guardian to provide to the school
the above stated medication.