



Cheder Lubavitch

OVER THE COUNTER MEDICATION PERMISSION
FORM

FAMILY NAME

I give permission for authorized Cheder Lubavitch personnel to dispense over the counter medication to my child/ren, if they deem it is necessary, without notifying me first. Dosages will be according to the directions on the label. I will be informed of any medication given to my child. These medications include acetaminophen (Tylenol), ibuprofen (Advil), and antihistamine (Benadryl).

SIGNATURE

relationship to child

DATE

Any specific instructions can be given here.
