

ROANOKE-BENSON UNIT #60

Sowers Elementary RB Junior High RBHS
(Please circle one. Need one for each school your child attends)

Over the Counter Medication for Self-Administration Permission Form

GRADE _____

I give permission for (Name of Student) _____
to take the following over-the-counter medications at school (please note
that the school offices will have a limited supply of acetaminophen
(Tylenol®) available for students).

PARENT/GUARDIAN SIGNATURE

DATE _____