



MEDICATION REGISTRY 2023-2024

Due: May 31st

Student: Mr. Miss (Circle One)

Last

First

Middle

Preferred

Over-the-Counter Medications

All over-the-counter, prescription medications and supplements must be supplied by parent/guardian and will be maintained in the Health Office. Please note ALL medications must be in their original container and will be labeled with your child's name.

Please Place Your Initials in the Block Beside the Medicine Your Child May Have At School

Over-The-Counter Medication/Supplement	
Naproxen (i.e., Aleve)	
OTC Migraine Medication (i.e., Excedrin)	
Acetaminophen (i.e., Tylenol)	
Ibuprofen (i.e., Motrin)	
Diphenhydramine Hydrochloride (i.e., Benadryl)	
Loratadine (i.e., Claritin)	
Multi Symptom Cold Medication (i.e., DayQuil)	
Cough Expectorant/Suppressant (i.e., Mucinex)	
Decongestant (i.e., Sudafed)	
Stool Softener/Laxative (i.e., Dulcolax)	
Stomach Medication (i.e., Pepto-Bismol/ Milk of Magnesia)	
Meclizine Hydrochloride (i.e., Dramamine/ Bonine)	
Menstrual Cramp Medication (i.e., Pamprin)	
Other OTC:	
Other OTC:	
Other OTC:	

I give permission for medications checked above to be given,
 as needed per package directions.

Parent/Guardian Signature

Date

