



Consent for Medication Dispensing

Date: _____

Student Name: _____

I, _____, for the _____ school year give Destiny Christian Academy's nurse and staff permission to administer medication(s) as follows [check all that apply]:

- Antacid
- Antiseptic
- Benadryl Cream
- Cough Drops
- Cough Syrup
- Eye Drops
- Hydrogen Peroxide
- Orajel
- Ibuprofen
- Rubbing Alcohol
- Triple Antibiotic Ointment
- Tylenol
- Other _____

Additional Comments/Medications:

I will notify the school of any changes to my child's medical status and any potential medication interactions.

Parent/Guardian