

River Ridge Community Unit School District No. 210

4141 IL Rt. 84 South • Hanover, IL 61041-9601
815-858-9005 • FAX 815-858-9006



Dear Parent/Guardian:

The following is a list of over the counter (OTC) medications occasionally needed at school. Please sign below to give our school nurse or designee permission to administer the OTC medications listed. Please check the following medications you would allow your child to receive at school.

Tylenol Tums Ibuprofen* Benadryl*

*If you sign below for your child to take these above medications, please send a supply to school in its original container (marked with your child's name).

Your signature implies the above (checked) medications may be administered to

_____ (please list each child on a separate form)

during the 2008/2009 school year as determined by the school nurse or her designee.

(Signature of parent/guardian)

(Date)

Multiple horizontal lines for writing the signature and date.