

**PERMISSION TO DISPENSE
OVER-THE-COUNTER MEDICATION**

PEACEBUILDERS INITIATIVE

In order for your son/daughter to take "over-the-counter" medication for pain relief, allergies, bee stings, upset stomach, diarrhea, and minor fever on a temporary or "as needed" basis for the 2011-2012 Peacebuilders Initiative year, complete the bottom portion of this sheet and return to the Peacebuilders Initiative office.

PLEASE NOTE THAT EACH PARTICIPANT MUST HAVE THE PRESCRIPTION MEDICATION WAIVER AND RELEASE FORM ON FILE FOR THE 2011-2012 YEAR.

| | Circle One | |
|--|------------|-----|
| My son/daughter may take acetaminophen | No | Yes |
| My son/daughter may take ibuprofen | No | Yes |
| My son/daughter may take antacid | No | Yes |
| My son/daughter may take antihistamine | No | Yes |

Please describe in detail any cares or concerns you might have with over-the-counter medications relative to your son/daughter.

(Parent Signature)

(Date)