

Learning For Leadership Charter School
Extracurricular Activities
Over the Counter Medication Permission Form

*The parent/guardian of _____ gives LLCS
Health Aide Staff permission to administer over the counter
medication as needed to your child as needed.*

Examples:

- *Antibacterial Ointment, Burn Crème, Itch Crème, and
Ibuprofen.*

*State any medications below that your child may **not** be
administered without parent approval.*

Parent Approval Signature: _____

Date: _____

Work Phone: _____ Home Phone: _____

Additional Information: