## Short Term Medication Form

<table>
<thead>
<tr>
<th>Medication</th>
<th>Purpose of Medication</th>
<th># pills received</th>
<th>Amt. liquid received</th>
<th>Time to be given</th>
<th>Amt. to be given</th>
</tr>
</thead>
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</table>

My child is allergic to the following:

- [ ] Medications
  - ______________________
  - ______________________
  - ______________________
- [ ] Foods
  - ______________________
  - ______________________
  - ______________________
- [ ] Stings
- [ ] Poison Ivy/Oak

My child has permission to take:

- [ ] Tylenol
- [ ] Aleve
- [ ] Ibuprofen
- [ ] Benadryl
- [ ] Pepto Bismol
- [ ] Motrin
- [ ] Advil
- [ ] Damamine

__________________________  __________________
Parent signature                      Date