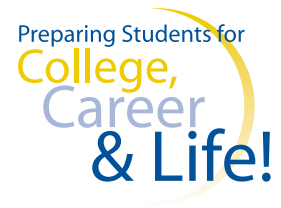




Plymouth Educational Center District

District Offices & Vivian H. Ross Campus
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Detroit, Michigan 48207
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**PLYMOUTH EDUCATIONAL CENTER
Over-the-Counter Medication Authorization Form**

Student Name _____ Grade _____

Homeroom Teacher _____ Birth date _____

Listed below are “over-the-counter” medications that are available to students for administration by the PEC personnel. Medication administered at school is intended to relieve symptoms until you are able to follow-up at home and/or seek medical treatment. **This form will be in force until you revoke permission, in writing.**

- _____ Tylenol - liquid, children’s chewable or regular
- _____ Motrin (anti-inflammatory) - liquid or pill
- _____ Benadryl - liquid or pill
- _____ Mylanta
- _____ Tums
- _____ Sudafed
- _____ Cough Syrup/Cough Drop

I grant permission for my child to receive the above over-the-counter medications.

Parent/Guardian Signature _____ Date _____

Phones: Work _____ Cell/Pager _____ Home _____

Do not give my child over-the-counter medication. Please inform me of any symptoms he/she may experience.

Parent/Guardian Signature _____ Date _____

Phones: Work _____ Cell/Pager _____ Home _____

My child is allergic to the following medications:

My child has the following food allergies:
