

**DESTINY SCHOOL  
MEDICATION USE FORM  
2022-2023 SCHOOL YEAR**

**STUDENT'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

I, \_\_\_\_\_ authorize the staff of Destiny School to  
(Parent/Legal Guardian)  
dispense and/or apply the medications or treatments listed below. I agree to release Destiny School and all Staff from any responsibility as a result of a problem that may arise from the administration of medications or treatments.

**MEDICATION WILL NOT BE ADMINISTRED WITHOUT A PARENT OR GUARDIAN SIGNATURE ON THIS CONSENT FORM.**

Please initial the blanks next to the medications/treatments that may be administered to your student.

- \_\_\_\_\_ **Ibuprofen**
- \_\_\_\_\_ **Tylenol (500 mg caplets)**
- \_\_\_\_\_ **Jr. Strength Tylenol/Jr. Ibuprofen**
- \_\_\_\_\_ **Pepto Bismol**
- \_\_\_\_\_ **Tums Smoothies (for stomach ache)**
- \_\_\_\_\_ **Bactine (for cleaning wounds)**
- \_\_\_\_\_ **Cold or Hot Packs**
- \_\_\_\_\_ **Muscle Spray (for strains/sprains)**
- \_\_\_\_\_ **Triple Antibiotic Ointment**
- \_\_\_\_\_ **Band-Aids**
- \_\_\_\_\_ **Benadryl cooling gel (for itching or bites)**
- \_\_\_\_\_ **Children's Benadryl tablets**
- \_\_\_\_\_ **Children's cough syrup/cough drops**
- \_\_\_\_\_ **Vapor Rub (for nasal congestion)**
- \_\_\_\_\_ **Orajel (for minor toothaches)**

**IF YOUR CHILD NEEDS ALLERGY MEDICATION (OTHER THAN PRESCIBED) IT MUST BE PROVIDED BY PARENT/GUARDIAN.**

**PLEASE SPECIFY IF YOUR CHILD HAS ANY ALLERGIC REACTIONS TO ANY TYPE OF MEDICATION OR DRESSINGS (I.E. BANDAGES, TAPE, ETC.)**

\_\_\_\_\_  
**PLEASE SPECIFY IF YOUR CHILD AS ANY ILLNESSES THAT THE SCHOOL NEEDS TO BE AWARE OF:**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**