

OTC MED SHEET

(Over The Counter Medication)

Parents: In order for us to provide OTC medication to your son, MMYR must have your approval. These medications may include, but are not limited to: Tylenol, Ibuprofen, Mucinex, Tylenol cough and cold, Nyquil, Sudafed, etc...

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Medications you do not want your son to receive. Please list below.
