



# Samford University

## Over-the-Counter Medications Form

I, \_\_\_\_\_ hereby give permission for \_\_\_\_\_  
(parent/legal guardian) (program leader)  
to administer the following over-the-counter medications to \_\_\_\_\_ if deemed necessary.  
(child's name)

Dosages will be administered according to directions on the bottle unless a physician directs otherwise. I understand that I must supply all over-the-counter medications for my child/legal guardian.

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_