



FARMS FOR CITY KIDS
PRESCRIPTION & NON-PRESCRIPTION
MEDICATION PERMISSION FORM

All prescription medications sent with your child to the Farm must be in the original container, appropriately labeled by the pharmacy or physician.

Please fill in the following if your child will need to take prescription medication while at the farm:

Student's Name: _____
Medication: _____
Directions: _____
Beginning Date: _____ Ending Date: _____
Reason for giving: _____

I, _____ (parent/guardian), hereby give permission for the above named student to take the medication as prescribed above while at the farm.

Signature of Parent or Guardian: _____
Date: _____

NON-Prescription Medications:

My child has brought the following non-prescription medications to the farm:

Medicine: _____ reason for : _____ dosage: _____
Medicine: _____ reason for : _____ dosage: _____

Over the Counter Medication

My child has permission to receive the following medications at the farm: (Please mark those that apply)

____ Acetaminophen (Tylenol) ____ Throat Lozenges (sore throat)
____ Ibuprofen (Advil) ____ Benadryl (for allergic reactions)
____ Bacitracin antibiotic ointment ____ Children's Mylanta or Tums
____ Calamine Lotion ____ Hydrocortisone cream (dermatitis)

Parent/guardian signature

Date