



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)

_____ Ibuprofen (Advil)

_____ Bacitracin antibiotic ointment

_____ Calamine Lotion

_____ Throat Lozenges (sore throat)

_____ Benadryl (for allergic reactions)

_____ Children's Mylanta or Tums

_____ Hydrocortisone cream (dermatitis)

Parent/guardian signature

Date