

Child Placing Agency Permission for Dispensing Over-the-Counter Medication

Tylenol	Advil
Ibuprofen	Excedrin
Antacid (Rolaids, Tums)	Fish Oil
Vitamin supplement	Stool softener / Miralax
Melatonin	Antihistamine (Zyrtec, Allegra, Benadryl, Sudafed, Claritin)
Other:	

Does ______ have any known allergies to OTC or prescription medication? If so, please list:

Please list any OTC medications that should not be given to said child during his/her stay in a licensed foster home:

Signature of licensed medical practitioner

Date

Signature of parent/legal guardian

Date