

# Chrysalis

*experiential academy*

10 Mansell Court East, Suite 500, Roswell, Georgia 30076 770-649-7077 FAX 678-942-1056

## STUDENT HEALTH SERVICES

### *Authorization for Students to Take OTC Medication*

I, \_\_\_\_\_ give permission for \_\_\_\_\_ to take  
Parent's Name Student's Name

the following OTC medication:

\_\_\_ Advil

\_\_\_ Tylenol

\_\_\_ \*Other \_\_\_\_\_

\_\_\_ \*Other \_\_\_\_\_

\_\_\_ \*Other \_\_\_\_\_

-\*Other OTC Medication must be provided by Parent

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date