



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 _____