



Kadimah
Academy

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**AUTHORIZATION TO ADMINISTER
OTC MEDICATIONS 2018-2019**

In order to comply with New York State laws, we will require your signature for the following over-the-counter medications.

Name of child: _____

Grade: _____

Please circle which over-the-counter medications you would allow us to administer and if necessary, dosage instructions.

Acetaminophen (Tylenol)

Ibuprofen (Advil)

Cough Drops

Eye Drops

Antacid

Children's Pepto

Triple Antibiotic cream/ointment (Neosporin)

Calamine lotion

Parent Signature

Date