

Talmud Torah of St. Paul
**Non-Prescription Medication Permission Slip
2011-2012**

The staff of the Talmud Torah of St. Paul has permission to give my child, _____, the following OVER THE COUNTER medications during the 2011-12 school year.

(check all that apply)

_____ Children's Tylenol (Acetaminophen)
Dosage: _____

_____ Children's Motrin (Ibuprofen)
Dosage: _____

_____ Other _____
Dosage: _____

Possible side effects: _____

_____ when s/he requests it.

_____ after calling for my permission.

Printed parent name: _____

Parent Signature: _____ Date: _____

**PLEASE RETURN THIS FORM TO SCHOOL NO LATER
THAN JULY 22, 2011.**

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Where critical thinking and Jewish values intersect

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