

Non-prescription medication (over-the-counter) requires a completed, signed authorization from the child’s parent/guardian and/or physician. SWWC – ALC **DOES NOT** provide any medication for children such as acetaminophen (Tylenol) or ibuprofen (Advil). Medications must come from home **in the original container**, no baggies or envelopes.

I, _____, give SWWC - ALC permission to give my
 Parent/Guardian Name

child _____ the following medication for the
 Child Name and DOB

following reason:

Medication Name:	
Dosage:	
Time and/or Frequency:	
Ending Date (if applicable):	

 Parent/Guardian Signature

 Date

 Daytime Phone Number