

The Lowell School



Dede Proujansky
Executive Director

NON-PRESCRIPTION MEDICATION FORM 2024 - 2025 SCHOOL TERM

This form is to be used for Non-Prescription Medications and is required for all students.

Your child may be given non-prescription medication in school at the discretion of The Lowell School staff, only if this form is filled out and **signed by both the physician and parent/guardian.**

Name of Student: _____

Date of Birth: _____

Please check all:
applicable boxes

Ibuprofen	Tylenol	Benadryl	Imodium	Tums
Pepto Bismol	cough drops	Hydrocortisone cream 1%		

Name of Parent (Please Print): _____

Signature of Parent: _____

Name of Physician (Please Print) _____

Signature of Physician _____