



The Titusville Academy  
86 River Drive  
Titusville, New Jersey 08560

Student Name \_\_\_\_\_

**PERMISSION TO DISPENSE OVER THE COUNTER MEDICATIONS**

Please check the following over the counter medications that the school nurse has permission to dispense to «First\_name» throughout the school year.

*Yes No*

Tylenol

Ibuprofen

Tums

Cough Drops

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date