

SKIATOOK SCHOOL'S OVER-THE-COUNTER FORM

I SAMPLE being the parent/guardian of _____ student athlete, hereby give permission to the team physician and/or the athletic training staff of Skiatook Public Schools to administer over-the-counter medications such as ibuprofen, acetaminophen, antacids, antidiarrheals, etc. These medications will only be given out when deemed necessary by the athletic training staff under the direct supervision of the team physician. Please be aware all manufacturer's directions will be followed.

SAMPLE