

WEST DEPTFORD HIGH SCHOOL IN-HOUSE MEDICATION FORM

Student Name _____

(Check all that apply)

_____ I give permission for my child to be given antacid (Tums) by the school nurse if he/she complains of gastrointestinal upset. No more than 1 dose per day. No longer than 2 consecutive days.

_____ I give permission for my child to be given Acetaminophen (Tylenol) 325mg, 1 to 2 tablets by the school nurse if he/she complains of headache, fever, or pain. No more than 1 dose per day. No longer than 2 consecutive days.

_____ I give permission for my child to be given Ibuprofen 200mg, 1 to 2 tablets by the school nurse if he/she complains of headache, fever, or pain. No more than 1 dose per day. No longer than 2 consecutive days.

Signature of Parent/Guardian

Date