

MEDICATION PERMISSION FORM

School year 2011 - 2012

Dear Parent,

The nurse at our school is permitted to give medication to your son with signed orders from your son's physician. If you want your child to receive any medication during school hours, please have this form filled out and signed by your family physician and return it to school. Your physician must sign a new form each year.

Student Name _____

has permission to receive the following medications at school:

- | | | | |
|--|--------|-------|---------|
| 1. Non-aspirin pain reliever, i.e. acetaminophen (Tylenol) | Yes___ | No___ | Dose___ |
| 2. Non- Steroid anti-inflammatory, i.e. ibuprofen (Advil) | Yes___ | No___ | Dose___ |
| 3. Antacid for upset stomach, i.e. Maalox | Yes___ | No___ | Dose___ |
| 4. Antihistamine for allergies, i.e. Benadryl | Yes___ | No___ | Dose___ |
| 5. Throat lozenges | Yes___ | No___ | |
| 6. Other _____ | | | |

Physician's Name (please print) _____

Telephone _____

PHYSICIAN'S SIGNATURE _____

Date _____