

MEDICATION PERMISSION FORM

School year 2008-2009

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 _____