

Dear Parents,

Due to the difficulty of contacting parents during the school day we are asking your permission to give over the counter medications to your child when needed. These medications would be given by the school nurse, or in her absence, by office personnel. These medications would be used to treat minor symptoms. Any child with fever, vomiting or an obviously contagious illness must be sent home.

Thank you,

Jennifer Spires, RN

Student's Name

Parent's Name

Home Phone

Work Phone

When necessary, my child may be given

_____ Acetaminophen (such as Tylenol)

_____ Ibuprofen (such as Motrin or Advil)

_____ Antacids (such as Roloids or Tums)

_____ Cough drops

_____ Diphenhydramine (such as Benadryl)

_____ My child may **NOT** be given any of these medications.

Parent Signature

Date