

West Morris Regional High School District

Health Office

Central: 908-879-5212 x 3495/3490 FAX: 908-879-5460

Mendham: 973-543-2501 x4490/4495 973-543-0283

CONSENT TO ADMINISTER OVER-THE-COUNTER MEDICATION IN SCHOOL

In order for over-the-counter (OTC) medication to be given to your child during school or on field trips where nurse is assigned, this form needs to be completed by the child's parent or legal guardian. Return the completed form to your child's school nurse.

Name of Child _____ Date of Birth _____ Grade _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian
Name _____

Telephone

Home

Cell

Work

Parent/Guardian
Name _____

Telephone

Home

Cell


Work

PARENT/GUARDIAN CONSENT

The School nurse has permission to give my child the following **over-the-counter (OTC) medications** as per *manufacturer's recommended dosing or prescription*.

- Acetaminophen 325mg/500mg tab (Generic for TYLENOLh)
- Ibuprofen 200mg tab (Generic for ADVIL)
- Diphenhydramine 25mg tab (Generic for Benadryl)

Please note, **only Registered Nurses** may administer over-the-counter (OTC) medications in school under the written orders of the school physician. OTC medication will not be available for after school events or field trips. If your child needs OTC medications regularly, please contact the school nurse for a medication plan.

	_____ Parent/Guardian Signature	_____ Please Print Name Here	_____ Date
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