Family Name_____

Sudbury Public Schools

Over the Counter Medication Authorization

Authorization for the Sudbury Public School Nursing Staff to dispense **over-the-counter** medications.

If you wish the School Nurses to be able to administer over the counter medication such as *Acetaminophen (Tylenol), Ibuprofen (Advil, Motrin),or Benadryl*, this form must be completed by a parent/guardian and signed each new school year.

Student's First Name_____ Grade/Teacher_____

Student's First Name_____ Grade/Teacher_____

Student's First Name_____ Grade/Teacher_____

Student's First Name_____ Grade/Teacher_____

_____Tylenol _____Advil _____Benadryl

_____Other _____

Precautions or limitations_____

Parent/Guardian will be notified when any of the above medications are administered.

Parent/Guardian authorization for over-the-counter medications:
I hereby request and authorize the School Nurse to administer the medication designated above.

_____ _____
Signature of Parent/Guardian Date

2/07