

Long Valley Middle School Parent Permission for Over-the-Counter Medication Administration

Our School Medical Inspector, Ronald M Frank, MD has authorized the administration of the following medication by the School Nurse in the School Health Office. However, parental/guardian permission is required before a student can receive any of the listed medication. If you would like your child to be able to receive any of the listed medication in school if needed, please complete the following and return it to the Health Office. **If medication is requested in excess, a recommendation will be sent home to have the student visit their Health Care Provider for evaluation.**

Student's Name: _____ Grade _____ School Year _____

The following medications will be supplied by the school district:

- Acetaminophen dosed according to weight and product label.
- Ibuprofen dosed according to weight and product label.
- TUMS® or generic equivalent dosed according to product label.
- Generic Cough Drops dosed according to product label.
- Claritin, Allegra, Zyrtec, Xyzal or generic equivalent for allergy symptoms

PERMISSION IS GRANTED FOR THE CURRENT SCHOOL YEAR ONLY
Please return form to your child's school nurse

Signature (parent/guardian): _____ Date: _____
 Name: _____ Work Phone: _____
 Home Phone: _____ Cell: _____

Complaint	Date	Time	Medication/dose	Initials

Nurse Signature	Initial	Nurse Signature	Initial