

Annual Parental Permission for School Nurse to Administer
Over-The-Counter-Medication

TO: School Nurse-Ramapo Indian Hills Regional High School

RE: Students name: _____

Grade _____ Height _____ Weight _____

I, _____ am the parent/guardian of _____
Print name of Parent/Guardian Print Name of Student

It is my understanding that the District Doctor has authorized the administration by the School Nurse of Tylenol, Advil or Tums to pupils on an "as needed" basis.

I request and give permission to the School Nurse to administer the following (check one or more) medication(s) to my child on an "as needed" basis while in school.

_____ Tylenol (Acetaminophen)

_____ Advil (Ibuprofen)

_____ Tums

I represent that my child suffers from no known allergies to the medication that I have authorized to be provided by the School Nurse. I understand that it is my responsibility to advise the School Nurse, immediately and in writing of any change in the medication dosage or frequency, or if my child develops any allergies or other aversion to the medication that I have herein authorized.

I release and hold harmless employees, agents and representatives of the school district from any and all liability for any injury that may arise from the school nurse's administration of medication in accordance with my authorization as set forth in the permission form.

Signature of Parent or Guardian

Date of Signature