

BERKELEY HEIGHTS SCHOOL DISTRICT

Parent Permission for Over-the-Counter Medication Administration

Our School Medical Inspector, Richard Bezozo, 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, please complete the following and return it to the Health Office with medication for your child. **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: _____ School Year: _____

Grade: _____ Teacher: _____

The following FDA approved medications/products will be supplied by the Parent/Guardian

_____ Acetaminophen dosed according to weight and product label.

_____ Aspirin-acetaminophen-caffeine dosed according to weight and product label.

_____ Acetaminophen-caffeine dosed according to weight and product label.

_____ Ibuprofen dosed according to weight and product label.

Other _____

(Over-the-counter medication dosed according to product label)

Parent/Guardian Name: _____ Date: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Signature (parent/guardian): _____

Complaint	Date	Time	Medication/dose	Initials

Nurse Signature	Initial	Nurse Signature	Initial