

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 Name _____

Grade/Teacher _____

_____ Tylenol _____ Advil _____ Benadryl

_____ **Other** _____

Precautions or limitations _____

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