Family Name: _____

Sudbury Public Schools

Over-the-counter Medication Form

This form authorizes the Sudbury Public Schools Nursing Staff ("School Nurse") to dispense over-the-counter medications. If you wish to authorize the School Nurse 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 every new school year.

Student's first name(s): Grade in fall 200__

1._____

2._____

3._____

4._____

_____Tylenol _____Advil _____Benadryl

_____Other _____

Precautions or Limitations:

_____

_____

_____

I hereby request and authorize the School Nurse to administer the medication designated above, as he/she deems necessary and appropriate.

_____ _____

Signature of Parent/Guardian Date

**If you would like to leave differing instructions for each of your children, please feel free to copy this form and fill it out separately for each child. All health forms can also be downloaded from the Nixon PTO website at www.NixonPTO.org.