

NORTHEAST METRO TECH HIGH SCHOOL HEALTH OFFICE

MEDICATION PERMISSION FORM

Student Name: _____ **Grade:** _____

Allergies: _____

I give permission to the school nurse to administer the following medications to my child according to established protocols. All other medications, including inhalers, require a written order from a licensed prescriber (physician, dentist, nurse practitioner) and written parental permission. Medication is to be sent to school in the original container. Your pharmacy can give you a duplicate container for school.

PLEASE!!!

CROSS OUT ANY PRODUCTS YOU DO NOT WANT YOUR CHILD TO RECEIVE.

Acetaminophen
(Tylenol)

Acetaminophen 325 mg 1- 2 tablets every four hours as needed for pain, injury or fever.

Ibuprofen

Ibuprofen 200 mg 1-2 tablets every six hours as needed for pain, injury, or fever.

Bacitracin Ointment

Bacitracin ointment as needed for cuts scrapes, etc. 1-3 times daily.

Calagel

As needed to relieve skin itch/irritation from poison ivy, sumac, oak or insect bites.

Orajel

Orajel as needed to affected area for tooth pain or mouth irritations four times per day.

Antacids

Antacid tabs 1-2 as needed for upset stomach, heartburn or sour stomach. Not to exceed 6 tabs per day.

Cough Drops

1-2 drops as needed for cough or throat irritation.

Parent/Guardian Signature

Date

(OVER)

Nurse/medpermission
Fax: 781 246 9323