

Dear Parent/Guardian,

The school nurse may administer specific medications to students during school hours based on written protocols for these medications that have been developed in collaboration with the school physician. Dispensing these medications requires written parental consent. Please fill out, sign and return this form and have your student return to school nurse.

**Student's Name:** \_\_\_\_\_

School: OA

**Known Medication Allergies:**

Please circle Yes they may have medication or No they may not.

- Acetaminophen/Tylenol      Yes    No
- Ibuprofen/Motrin            Yes    No
- Tums                              Yes    No

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*A copy of the protocols is available at your request*

*Lynne LeBlanc BSN RN    Kelly Santos NCSN    OAHS nurses*

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