

Newton Public Schools

Merriam Ave. School
Kathleen Hughen, RN
973-383-7202 X 225

Halsted Middle School
Carol Marinaro, RN
973-383-7440 x 231

Newton High School
Jill Aquino, RN
973-383-7573 x 232

OVER-THE-COUNTER MEDICATION ADMINISTRATION FORM

Dear Parent/Guardian,

If your physician decides it is necessary for your son/daughter to receive **over-the-counter medication** during the school day, the following procedures must be followed. This form must be completed by his/her physician and signed by the parent/guardian. This is only for the OTC medications listed below. If your son/daughter requires medication other than these please have your physician complete the Administration of Medication form. This form will remain in effect for the entire school year.

Physician's Instructions for Over-the-Counter Medication in School

Student's Name: _____

Grade: _____

I request that the school nurse administer the following medication as prescribed below:

_____ Acetaminophen

_____ Dosage/Frequency

_____ Ibuprofen

_____ Dosage/Frequency

_____ Antacid

_____ Dosage/Frequency

Physician's Stamp

Physician's Signature _____ Date _____

I give permission for the school nurse to dispense the above prescribed medication to my son/daughter.

Parent/Guardian Signature

Date