

**JEFFERSON TOWNSHIP SCHOOLS  
HEALTH OFFICE**

**Over-the Counter Medication Permission**

Dear Parent/Guardian:

The nurses at the **high school and middle school** have received permission from the school doctor to administer some over the counter medications on an as needed basis. However, it is required that the nurse also have parental/ guardian permission to administer these medications as well. Please complete this form and return it to the school nurse. Please be sure to complete fully. If the form is not properly filled out, the nurse will not be able to administer any of these medications to your child.

Thank you,

The high school and middle school nurses

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Students Name \_\_\_\_\_

The school nurse has my permission to administer the following medication to my child during the \_\_\_\_\_ school year.

**Parental comments**

**Acetaminophen (Tylenol) - Y / N \_\_\_\_\_ (High school ONLY)**

**Tums- Y / N \_\_\_\_\_ (High school ONLY)**

**Orajel- Y / N \_\_\_\_\_ (High school ONLY)**

**Cough drops – Y / N \_\_\_\_\_ (High school and middle school)**

**Parent/Guardian signature \_\_\_\_\_**

**Date \_\_\_\_\_**