



Joseph A. Curtatone
Mayor

SOMERVILLE SCHOOL HEALTH
Parent/Guardian Authorization for Over the Counter (OTC) Medication

Occasionally a student will develop symptoms during school hours such as fever, headache, muscle pain, menstrual cramps, allergies or minor cold symptoms. Your child's symptoms may be helped by over the counter medications such as those listed below. The nurse will assess whether your child might benefit from the medication but parental consent is needed before the medication can be given. Please fill in and return this permission form to the Health office if you agree to allow the nurse to administer over the counter medications without contacting you each time your child is seen and the medication is recommended. This permission is valid for the school year.

Student Name _____

Date of Birth _____ Grade _____ Weight _____

Allergies to food or medicine: No Yes, please list _____

I give permission for the school nurse to administer the following OTC medication to my child without contacting me at the time of administration. Please check all that apply.

YES

NO

Acetaminophen (ex. Tylenol)	_____	_____
Ibuprofen (ex. Motrin)	_____	_____
Antihistamine (ex. Benadryl)	_____	_____
Pseudoephedrine (ex. Sudafed)	_____	_____
Antacid (ex. TUMS)	_____	_____

Other (to be supplied by the parent) _____

Parent/Guardian Signature: _____ Date _____

Daytime

Phone: _____ Other Contact: _____ Phone: _____