

COLLIER SCHOOLS
160 Conover Rd.
Wickatunk, NJ 07765
732-946-7832 ext. 312 Fax: 732-837-1420

Student Name _____ Grade _____
Date of Birth _____ Allergies _____
Medical Conditions _____
Medications taken on a regular basis _____

*I request that the following over the counter (OTC) medications may be administered to my child if necessary (**please check medication and circle child's dose**):

For headache/earache/menstrual cramps/muscle aches/fever >101 degrees:

_____ **Acetaminophen (TYLENOL)** Regular strength 325 mg (1 tab) 650 mg (2 tabs)
Extra strength 500 mg (1 tab) 1000 mg (2 tabs)

_____ **Ibuprofen (ADVIL/MOTRIN)** 200 mg (1 tab) 400 mg (2 tabs)

For upset stomach:

_____ **Chewable antacid tablet (TUMS)** 1 Tablet 2 Tablets

For mild allergic reaction:

_____ **Diphenhydramine HCl (BENADRYL)** 25 mg 50 mg

*I understand that the school nurse, with the established orders that have been developed and approved by the Collier School physician along with the written consent of a parent/guardian, can administer the above medications. Be advised that the school shall incur **NO** liability as a result of any injury arising from the administration of medication and the parents/guardians shall indemnify and hold harmless Collier School and its employees or agents against any claims arising out of administration of this medication.

Signature of parent/guardian

Date

Contact #