Bourne Public Schools

Permission to Administer Protocol Medications

The School Nurse, with your permission, is authorized to administer certain medications and therapies during school hours. Listed below are the medications we have available for students. The School Nurse will NOT be able to administer these medications unless there is a signed permission form on file in the Health Office.

Please fill in the requested information, check all medications that apply to your child, and return this signed form to your School Nurse.

Students Name: _____

Grade: _____ Teacher: _____ Homeroom: _____

Any medications your child is currently taking:

_____

_____

Allergies: _____

Telephone Numbers (Home): _____ (Cell):_____ (Work): _____

I authorize the School Nurse to administer the following medication(s) to my child: (if deemed necessary)

☐ Acetaminophen (such as Tylenol) Dosage according to label recommendations.

☐ Ibuprofen (such as Advil) Dosage according to label recommendations.

☐ Calamine lotion (anti-itch)

I authorize my child to self administer the following:

☐ Hand Sanitizer

Print Parent Name: _____

Parent Signature: _____ Date: _____