Briarcliff Middle School

Erik Carlson
Principal

93 Briarcliff Road
Mountain Lakes, NJ 07046
973-334-0342
ecarlson@mlschools.org

The School Nurse has my permission to give: ____
(student's name)

Check the appropriate medications as necessary for headache, pain, and/or menstrual cramps:

	Medication	Dosages	Junior / Adult / Extra Strength
__________	Advil	__________	___________________________
__________	Aleve	__________	___________________________
__________	Aspirin	__________	___________________________
__________	Motrin	__________	___________________________
__________	Tums	__________	___________________________
__________	Tylenol	__________	___________________________

I understand that I must supply the above medication in the original bottle.

____ ___________________

(Parent / Guardian Signature) (Date)

Special Instructions:

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This form needs to be completed every school year. Medication information must be kept current in Genesis.

Amy Ludlow RN BSN
School Nurse
aludlow@mlschools.org