

**TEWKSBURY TOWNSHIP SCHOOLS**

**OLD TURNPIKE SCHOOL  
171 OLD TURNPIKE ROAD  
CALIFON, NEW JERSEY 07830**

**TEWKSBURY ELEMENTARY SCHOOL  
109 FAIRMOUNT ROAD EAST  
CALIFON, NEW JERSEY 07830**

**PERMISSION FOR (OTC) OVER-THE-COUNTER MEDICATION  
TO BE ADMINISTERED BY THE SCHOOL NURSE**

**PLEASE NOTE: *Permission must be updated each school year!***

My child \_\_\_\_\_ Grade \_\_\_\_\_

Has my permission to receive the following OTC medication by the school nurse:

Medication

			<u>Dose</u>	
<b>Tylenol</b>	(acetaminophen)	325 mg.	_____	_____
<b>Advil</b>	(ibuprofen)	200 mg.	_____	_____
<b>Benadryl</b>		25 mg.	_____	_____
Other:	_____			

**Frequency:** \_\_\_\_\_

**Reason for Use:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian (**required**) Date \_\_\_\_\_

**PHYSICIAN'S PERMISSION**

I hereby authorize the school nurse to administer the above OTC medication.

\_\_\_\_\_  
Please stamp M.D. Name (**required**)

\_\_\_\_\_  
M.D. Signature (**required**)

\_\_\_\_\_  
Address/Phone Number

\_\_\_\_\_  
Date:

**PLEASE RETURN THIS FORM TO THE SCHOOL NURSE**

