

LENAPE REGIONAL HIGH SCHOOL DISTRICT MEDICATION FORM

CHEROKEE 856-983-5140 Fax: 856-810-4379 (grades 9 & 10) Fax: 856-810-4378 (grades 11 & 12)	LENAPE 609-654-5111 Fax: 609-714-7808	SENECA 609-268-4600 Fax: 609-268-4389	SEQUOIA 609-268-3700 Fax: 609-268-3726	SHAWNEE 609-654-7544 Fax: 609-654-5611
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This order remains in effect during the school day, school sponsored activities, and school sponsored overnight trips.

This form is good for the current school year.

I give permission for my child _____ to receive any medication checked below on this form by the Registered Nurse/School Nurse. I understand that generic equivalent medications may be used.

I would like the following medication (s) made available to my child: **(Please Initial)**

_____ Acetaminophen (Tylenol) 650mg every 4 hours or 1000mg every 6 hours be given orally as needed for pain or fever.

_____ Ibuprofen 200-400mg every 4 hours for pain for fever

_____ Tums 2 tabs by mouth when necessary for acid indigestion, heartburn, sour stomach.

Administration of this medication is at the nurse's discretion and may not exceed two consecutive days.

I acknowledge that the school district and its employees or agents shall incur no liability as a result of administration of this medication to my child/ward.

PARENT'S/GUARDIAN'S SIGNATURE: _____

DATE: _____

STUDENT'S GRADE: _____