

SAINT BERNARD SCHOOL
1593 NORWICH-NEW LONDON TPKE
UNCASVILLE, CT 06382

Health Office

Saint Bernard School Medication Form

Dear Parent or Guardian,

2026-2027 School Year

If you wish your child to receive Acetaminophen (Tylenol), Ibuprofen (Advil), cough drops or throat lozenges during the school year please complete this permission form below and return the entire letter to the Health Office. In order for a child to receive these medications, **this form must be completed** and on file in the nurse's office. **If your child requires these medications on a regular basis, please send in a supply of the medication in the original package, labeled with their name**, to be stored in the health office.

If your child requires any other medication other than those listed above during the school day, on a scheduled or as needed basis, a physician's order is required to be on file in the nurse's office and the medication must be brought in by a parent/guardian to the nurse. The nurse cannot give allergy medicine, cold medicine or any other over the counter medications without a physician's authorization.

Please call the Health Office at 860-848-1271 x125 should you have any questions. Form may be faxed to (860)848-1274, or sent via email to nurse@saint-bernard.com.

Sincerely,
Jackie Hernandez RN
School Nurse

Student's Name _____ Grade _____ DOB _____

Acetaminophen (Tylenol) _____ Ibuprofen _____ Throat Lozenges/Cough Drops _____

My child is known to be allergic or sensitive to the following medicines: _____

By signing below I give permission for my child (named above) to receive the medications indicated above.

Parent/Guardian Signature _____

Date _____