



**HUNTERDON PREPARATORY SCHOOL**

11 SPENCER LANE

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**Parent's Request for Giving Non-Prescription Medication 2018/2019**

In the event that my child reports minor injury or discomfort during school hours, I give permission for my son/daughter \_\_\_\_\_ to receive:

- Acetaminophen 325 mg. (Regular Strength Tylenol).  1 tablet  2 tablets
- Ibuprofen 200 mg. (Motrin, Advil).....  1 tablet  2 tablets
- Antacid.....  1 tablet  2 tablets
- First Aid Wash/Ointment/Cream (such as throat.....  No  Yes  
lozenges, aloe, normal saline, anti-bacterials, etc.)
- Hygiene Products (deodorant, toothpaste, saline.....  No  Yes  
solution, face wash, sunscreen, etc.)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)