

# Newton Public Schools

Merriam Avenue School  
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Halsted Middle School  
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Newton High School  
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## OVER-THE-COUNTER MEDICATION ADMINISTRATION FORM

Dear Parent/Guardian,

If your physician decides it is necessary for your son/daughter to receive **over-the-counter medication** during the school day, the following procedures must be followed. This form must be completed by his/her physician and signed by the parent/guardian. This is only for the OTC medications listed below. If your son/daughter requires medication other than these please have your physician complete the Administration of Medication form. This form will remain in effect for the entire school year.

### Physician's Instructions for Over-the-Counter Medication in School

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

I request that the school nurse administer the following medication as prescribed below:

\_\_\_\_ Acetaminophen \_\_\_\_\_  
Dosage/Frequency

\_\_\_\_ Ibuprofen \_\_\_\_\_  
Dosage/Frequency

\_\_\_\_ Antacid \_\_\_\_\_  
Dosage/Frequency

Physician's Stamp

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for the school nurse to dispense the above prescribed medication to my son/daughter.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date