

East Hartford Public Schools
Division of Pupil Personnel Services

Student's Name: _____ Grade _____

Non-Prescription Medication Administration Permission Form

State Law and East Hartford Board of Education Policy allow the school nurse and any other approved personnel to dispense Acetaminophen and Ibuprofen with the standing order of the School Physician.

With parent permission, your child may be given these medications.

These medicines will be given for menstrual cramps, headache, muscle aches, or dental discomfort.

My child has my permission to be given the following medication by the school.

	Yes/ No	Number of tablets	
Acetaminophen. 325mg (Tylenol)	___/___	1. _____	2. _____
Ibuprofen. 200mg (Advil, Motrin)	___/___	1. _____	2. _____

Medications this student is taking: _____

Allergies: _____

To my knowledge, my child is not allergic to the above medications and he/she has no medical condition for which these medications would be harmful. The East Hartford Board of Education and the appropriate personnel that are dispensing these medications will not be held accountable for any side effects from the above medication.

Parent's Signature