

# Bourne Public Schools

## Permission to Administer Protocol Medications

The School Nurse, with your permission, is authorized to administer certain medications and therapies during school hours. Listed below are the medications we have available for students. The School Nurse will NOT be able to administer these medications unless there is a signed permission form on file in the Health Office.

Please fill in the requested information, check all medications that apply to your child, and return this signed form to your School Nurse.

Students Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Any medications your child is currently taking:

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Allergies: \_\_\_\_\_

Telephone Numbers (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

**I authorize the School Nurse to administer the following medication(s) to my child: (if deemed necessary)**

- Acetaminophen (such as Tylenol) Dosage according to label recommendations.
- Ibuprofen (such as Advil) Dosage according to label recommendations.
- Calamine lotion (anti-itch)

Print Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_