

**SUDBURY PUBLIC SCHOOLS**  
**OVER -THE -COUNTER MEDICATION**

Authorization for the Sudbury Public School Nursing Staff to dispense over-the-counter medications.

If you wish the School Nurses to be able to administer over the counter medication such as *Acetaminophen (Tylenol)*, *Ibuprofen (Advil, Motrin)*, or *Benadryl*, this form must be completed by a parent/guardian and signed every new school year.

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

Grade/Teacher \_\_\_\_\_

\_\_\_\_\_ Tylenol                  \_\_\_\_\_ Advil                  \_\_\_\_\_ Benadryl

\_\_\_\_\_ Other \_\_\_\_\_

Precautions or limitations \_\_\_\_\_

Parent/Guardian authorization for over-the-counter medications:

I hereby request and authorize the School Nurse to administer the medication designated above.

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

\_\_\_\_\_  
Date