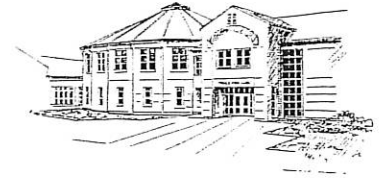




# IPSWICH HIGH SCHOOL

134 High Street, Ipswich MA 01938-1247

(978) 356-3137 Fax: (978) 356-3720



David R. Dalton  
Principal  
ddalton@ipsk12.net

Jeffrey R. Carovillano  
Assistant Principal  
jcarovillano@ipsk12.net

Dear Parents,

This year, Dr. Spencer Amesbury, School Physician, has given his approval for the following over the counter medications to be dispensed in the Health Room with written permission from a student's parent or guardian. Please check which medications listed below you will allow your son/daughter to receive from the school nurse.

Feel free to contact me with any questions or concerns.

Sincerely,

Marnie Stasiuk, LPN  
School Nurse

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

My child may be given:  
(please check)

Ibuprofen (Advil)

Tylenol

Midol (females only)

Pseudoephedrine (Sudafed)

Cough Medicine (Robitussin)

Tums

Throat Lozenge

Parent Signature \_\_\_\_\_

Daytime telephone number \_\_\_\_\_

Date: \_\_\_\_\_

(This form must be filled out at the start of each school year.)