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.)