

West Morris Regional High School District

Mendham High School

Permission for Over-the-Counter (OTC) Medication Administration

The school nurse, according to the WMRHSD standing orders, may administer the following medication to my child _____,

Grade _____, for the _____/_____ school year*.

MEDICATION: (As per manufacturer's recommended dose)

Tylenol (acetaminophen) 325mg/tab (2 tabs) _____

Advil (ibuprofen) 200mg/tab (1 tab) _____

(2 tab) _____

Benadryl 25mg/cap (1 cap) _____

Excedrin (2 tabs) _____

OTC (non-prescription) medications supplied by parents:

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

***A medication form must be submitted for each school year.**