



**JACKIE CASTALDI, RN, BSN**

Audubon Jr. / Sr. High School  
School Nurse

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Following the school district's policy regarding the administration of medication during school hours, it is necessary for the school nurse to receive both physician and parental permission. This applies to over the counter medication as well as prescription medication. Please refer to your child's Green and Gold handbook regarding this medication policy. If you would like your child to receive acetaminophen, ibuprofen, or Maalox on an as need basis during school hours, please have your physician complete this form. The physician must indicate which of the following medications may be administered, the dosage to be administered, and under what circumstances the medication may be administered. **Please note that this form must be completed by both the physician and by the parent/guardian before this medication will be administered.** This form should be returned to your child's homeroom teacher by September 6, 2018 and is to be returned whether or not permission is granted for the school nurse to administer medication to your child. Please do not hesitate to contact me if you have any questions or concerns. Thank you for your anticipated cooperation.

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**Over the Counter Medication Consent Form**

Student's Name/ \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

The school nurse may administer the following over the counter medication during school hours with written permission from **both** the student's parent/guardian and the student's physician.

Name of medication: Acetaminophen (Tylenol)

Dosage (please circle): 325mg or 650mg

Reason for medication: \_\_\_\_\_

Name of medication: Ibuprofen

Dosage (please circle): 200mg or 400mg

Reason for medication: \_\_\_\_\_

Name of medication: Maalox

Dosage: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

\_\_\_\_ I do not want any medication to be administered to my child during school hours.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_