

# 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:**

**Tylenol (acetaminophen) 325mg/tab** (2 tabs) \_\_\_\_\_

**Advil (ibuprofen) 200mg/tab** (1 tab) \_\_\_\_\_  
(2 tab) \_\_\_\_\_

**Benadryl 25mg/cap** (1 cap) \_\_\_\_\_

**Excedrin** (2 taps) \_\_\_\_\_

(As per manufacturer's recommended dose).

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

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

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