

Stock Medication & General Medical Needs 2020-21



Acetaminophen and Ibuprofen are kept in stock and are offered as a courtesy to students. Stock medications will be given as directed on the package and only in tablet form. Parents are encouraged to send a personal bottle of the medication if their child requires liquid or chewable form or will be using it frequently during the school year. Medication must be in its original packaging (no exceptions will be made).

Student: _____ Grade: _____ Birthdate: _____

State Law requires parent/guardian permission before school health staff can provide any stock medication at school.

Medication	Reason for Use	
<input type="checkbox"/> Acetaminophen (Tylenol) <input type="checkbox"/> 1 tablet = 325mg <input type="checkbox"/> 2 tablets = 650mg	<input type="checkbox"/> Headache <input type="checkbox"/> Pain	<input type="checkbox"/> Menstrual Cramps <input type="checkbox"/> Other _____ _____
<input type="checkbox"/> Ibuprofen (Advil) <input type="checkbox"/> 1 tablet = 200mg <input type="checkbox"/> 2 tablets = 400mg	<input type="checkbox"/> Headache <input type="checkbox"/> Pain	<input type="checkbox"/> Menstrual Cramps <input type="checkbox"/> Other _____ _____

- I certify my child has no known allergies to the above medications.
- My child is known to be allergic to the following medications: _____
- I am enclosing a bottle of the above marked medication for my child. Medication must be in its original packaging.
- I am supplying the above medication in non-tablet form (chewable, liquid). Medication must be in its original packaging.

Additional Instructions: _____

Please initial on each line for any procedure/treatment you give approval for the above mentioned child.

- _____ Tick removal
- _____ Splinter removal
- _____ Non-medicated lotion (dry skin)
- _____ Petroleum jelly (chapped lips)

As the parent or guardian of the above mentioned student, I will keep the school district aware of any changes in medication(s) or health concerns for my child.

I hereby give permission to designated school personnel to give medication or to administer the above mentioned remedies to my child during the school day, including when away from school property on official school business. I hereby give permission to designated school personnel to notify other appropriate school personnel and classroom teachers of medication administration and possible adverse effects of the medication. I further agree to hold the Princeton School District, and the employee(s) acting on this request, harmless on any or all claims arising from the administration of this medication at school.

Parent/Guardian Signature: _____ Date: _____

