



Barnstable Public Schools Health Services

Parent/Guardian Consent for Non-prescription Medication Administration

In order for your child to receive medication in school, written permission from a parent/guardian is required to be on record and updated each school year. With permission, the following non-prescription medications may be given as directed by district physician standing orders, after the student has been assessed by the school nurse.

- Acetaminophen (Tylenol)
- Ibuprofen (Advil)
- Antacid tablets (Tums)

Student Name: _____ Date of Birth: _____

Is your child allergic to any medication?

- No
- Yes, please list medication(s) and type of reaction: _____

Does your child take any medication (either over-the-counter or prescription) on a regular basis?

- No
- Yes (please list) _____

I consent for my child to receive the above medication as ordered while at school:

- Yes
- No

Parent/Guardian Name: _____

Relationship to Student: _____

Telephone Number: _____

Signature of Parent/Guardian

Date