

**BRIDGEWATER-RAYNHAM REGIONAL SCHOOL DISTRICT
HEALTH SERVICES**



**WRITTEN PARENT/GUARDIAN CONSENT FOR MEDICATION ADMINISTRATION
GRADES 5-12**

General Information

The Bridgewater-Raynham Regional School District's Health Services is committed to fostering the education of your child. In collaboration with our school physician, the school nurse may administer acetaminophen or ibuprofen under certain circumstances with your written permission. Those circumstances may include pain due to injury, illness or headache. Please note: **a fever of 100 degrees or higher warrants a child to be sent home.**

Name of Student _____ School _____

Grade _____

Date of Birth _____ Gender _____

Name of Parent/Guardian _____

Telephone No. (Home): _____ (Work): _____

Other persons, if any to be notified in case of emergency if parent/guardian is unavailable:

Name: _____ Telephone: _____

Relationship: _____

My son/daughter is currently receiving the following medications (to be completed if not in violation of confidentiality): (Please list all medicines the child is receiving, including those given during the school day.)

1. _____ 2. _____ 3. _____ 4. _____

My son/daughter is known to have the following allergies:

CONSENT

1. I give permission to have the school nurse or school personnel designated by the school nurse give the following medicine:

2. **Ibuprofen** 200 mg. _____ 400mg. _____ **Acetaminophen** 325 mg _____ 650 mg _____
(Please circle one and check the appropriate dosage)

to _____.

(Name of Student)

Signature of Parent/Guardian _____

Relationship to Student _____ Date: _____