

COLLIER SCHOOLS

160 Conover Rd.

Wickatunk, NJ 08859

Student Name: _____

Allergies: _____

Medical Conditions: _____

Daily Medications: _____

*I request that the following over the counter (OTC) medications be administered to my child if necessary (**please check medication and circle child's dose**):

For mild pain, headache, earache, menstrual cramps, muscle aches, fever above 101

_____ **Acetaminophen (TYLENOL) Regular strength 325mg or Extra Strength 500 mg**

1 or 2 tabs

_____ **Ibuprofen (ADVIL/MOTRIN) 1 or 2 tablets 200mg tab**

If your child requires liquid or chewable medication please send it to school, we do not stock liquid/chewable medications.

For Upset Stomach

_____ **Chewable Antacid tablet (Tums) 1 or 2 tablets**

For Mild Allergic Reaction and/or Seasonal Allergies

_____ **Diphenhydramine(Benadryl) 25mg 1 or 2 tablets**

*I understand that the school nurse, with the established orders that have been developed and approved by the Collier School physician along with the written consent of a parent/guardian, can administer the above medications. Be advised that the school shall incur **NO** liability as a result of any injury arising from the administration of medication and the parents/guardians shall indemnify and hold harmless Collier School and its employees or agents against any claims arising out of administration of this medication.

Signature of Parent/Guardian

Date

Contact phone number