



ST. THOMAS THE APOSTLE

Highway 18, Old Bridge, NJ 08857 732-251-4812



St. Thomas the Apostle

Permission To Give Medication In School **2019-2020 School Year**

I, _____, hereby authorize the School
Please Print Name

Nurse, or in her absence, the Principal, to administer the medications indicated below to my child. Medications will be given in accordance with the manufacturer's labelled instructions. I understand and agree that St. Thomas the Apostle, the School Nurse and/or the Principal shall not be held liable for any negative reaction to my child resulting from the administration of the medication as authorized by my signature.

Acetaminophen Yes No

Ibuprofen Yes No

Antacid tablets Yes No

Please contact me before administering any medication Yes No

NAME OF STUDENT _____ **GRADE** _____

MEDICATION ALLERGIES _____

PARENT SIGNATURE _____ **DATE** _____