

**School City of Whiting
Office of Health Services**

School Year: 2023-2024

School: NH WMS WHS

Grade: _____

Student's Name: _____ Date of Birth: _____

The Nurse's Office has a supply of the following over the counter medications. Please check below if you give permission for your child to receive any of the following medications, if needed, during the school day. **A signed consent is necessary for medication to be given, even if you would like to be notified before administering. No signature = No medication.** Nurse will make a courtesy call once, and then medication will not be administered without documented consent.

(Yes/No) Tums

____ 1 tablet ____ 2 tablets

(Yes/No) Acetaminophen (non-aspirin)

____ 325mg (Regular Strength) ____ 1 tablet ____ 2 tablets
____ 500mg (Extra Strength) ____ 1 tablet ____ 2 tablets

(Yes/No) Redness Relieving Eye Drops

Parent/Guardian Name

Signature