

BRUNSWICK CENTRAL SCHOOL DISTRICT

Elementary and Secondary Schools

IF YOU WANT YOUR CHILD TO RECEIVE OVER-THE-COUNTER MEDICATIONS AT SCHOOL, PLEASE COMPLETE APPROPRIATE AREA AND UPLOAD INTO FAMILY ID EMERGENCY CARD INFO OR PRINT, COMPLETE AND RETURN TO SCHOOL HEALTH OFFICE

Elementary Medication Checklist

Student Name: _____ DOB _____ Grade _____

_____ Tylenol/Tylenol JR. (160mg. - 320mg. every 4 hrs as needed/Pain)

_____ Ibuprofen/Ibuprofen Jr. (200mg. every 6 hrs as needed-no liquid or chewable available)

_____ Antibiotic Ointment for cuts/abrasions

_____ Benadryl (Based on child's weight every 6 hours/moderate to severe swelling caused by bites/bee stings)

_____ Sting relief (for insect bites)

Parent/Guardian Signature _____ Date _____

MD Signature William A Foster _____ Date 8/20/2021

Secondary Medication Checklist

Student Name: _____ DOB _____ Grade _____

_____ Tylenol/Tylenol JR. (325mg. - 650mg. every 4 hrs as needed/Pain)

_____ Ibuprofen/Ibuprofen Jr. (200mg. - 400mg as needed)

_____ Antibiotic Ointment for cuts/abrasions

_____ Benadryl (25 mg every 6 hours/moderate to severe swelling caused by bites/bee stings)

_____ Cough drops

_____ Sting relief (for insect bites)

Parent/Guardian Signature _____ Date _____

MD Signature William A Foster _____ Date 8/20/2021

If you have any questions, please contact the appropriate School Health Office.