Jennifer Carlson RN – Grethe Cobb RN – Nichole Collins RN – Denise Flores RN – Janet Johnson RN – Melissa McDonald RN

Barrington Middle School Fax # 247-3164

ACETAMINOPHEN/ IBUPROFEN/ ANTACID MEDICATION AUTHORIZATION

| I authorize the Certified School Nurse-Teacher to administer Acetaminophen/Ibuprofen/Antacie |
|--|
| (Tylenol/Advil//Gelusil/Tums) to my child while he/she is a student at BMS. |
| This medication will be supplied by the school. |
| |

| Student Name | Grade | |
|---------------------------|-------|--|
| | | |
| Parent/Guardian Signature | Date | |
| Home/Cell Phone Number | | |

| BARRINGTON PUBLIC SCHOOLS - 283 COUNTY ROAD - BARRINGTON RI 02806 | | | | | | |
|---|------|----------------------|----------|------------------------|-----------------|--|
| MAIN OFFICE 245-5000 | | HIGH SCHOOL 247-3150 | | MIDDLE SCHOOL 247-3160 | | |
| HAMPDEN MEADOWS 247-3166 | PRIN | MROSE 247-3170 | NAYATT 2 | 247-3175 | SOWAMS 247-3180 | |

Barrington Public Schools does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, sexual orientation, gender identity or expression, citizenship, or status as a disabled veteran, or past or present honorable military service with respect to access to, the provision of, or employment in its educational services, programs and activities, including admissions, athletics and other school department programs.