

Mr. Eric Verner *Principal*

Mrs. Mya Rodowicz Director of Guidance Mrs. Jackie Russell Assistant Principal

Mr. Shaun Russell Director of Athletics

Dear Parent or Guardian:

The Connecticut state law requires a physician's or dentist's written order and parental or guardian's authorization for a nurse to administer medication to students.

Our school medical advisor has approved the administration of Acetaminophen, Ibuprofen and antacids for minor problems to students, grades 9-12 who have parental written permission. This authorization must be renewed each year.

Please complete:		
Student Name:	Grade:	
Acetaminophen 500 mg 1	or 2 tablets p.o. every 4 hours as nee	eded
Ibuprofen 200 mg 1 or 2 to	ablets p.o. every 6-8 hours as needed	d
Antacid 1 or 2 tablets p.o.	no more than 4 in a day	
	_	properly labeled, to be kept in the Health Office. one week beyond the end of the school year.
Parent Name (Please Print)	Telephone Number	
Parent Signature		