

**Branford Public Schools-Health Services 2023-2024
Medication Permission Form**

Dear Parent/Guardian,

Please complete this form so the school nurse can provide the most personalized care for your child.

Child's Name:

School

I give the Branford Public School Health Office Permission to administer the following:

- Acetaminophen (Tylenol)
- Ibuprofen (Advil/Motrin)

****Maximum 5 doses per 30 day period without a note from a medical provider***

Parental/Guardian signature: _____ **Date:** _____
(electronic signature)

Annual Health Update

Medication

Medication your child takes at home on a regular basis:

(name and dosage)

Does your child need to take medication during school hours: Yes No

If yes, fill in the blank

(name and dosage) :

Allergies

Allergic to Food, Bees/Insects, Medicine, Environment/Seasonal: Yes No

If yes, does your child need to keep medication in school?

(name and dosage)

Asthma

Yes No

If yes, does your child need an inhaler in school?

Behavioral/Mental Health

Has your child been diagnosed with ADD/ADHD, Anxiety, Depression, OCD, etc: Yes No
If yes, fill in the blank

Cardiac/Heart Y N If yes, fill in the blank

Headaches/Migraines: Y N If yes, fill in the blank

Hearing: Y N If yes, fill in the blank

Vision: Y N If yes, Wears contact or glasses? Y N If yes

Seizures: Y N If yes

Stomach/Gastrointestinal :Y N If yes

Recent Hospitalization or Emergency Room visit: Y N

If yes, fill in the blank

Other medical conditions you would like to share with the school nurse: Y N

If yes, fill in the blank

More resources:

[Medication Authorization Form](#)

[Asthma Action Plan](#)

[Seizure Action Plan](#)

To review *all* of your student's information on file, navigate to:
[Campus Parent> More > Online Registration > Existing Student Registration](#)