



HOPATCONG BOROUGH SCHOOLS

HOPATCONG HIGH SCHOOL

PO BOX 1029

HOPATCONG, NEW JERSEY 07843

(973) 398-8803

STEPHANIE MARTINEZ
PRINCIPAL

Over-the Counter Medication Permission Form
High School Students Only
School Year 2023-2024

Students are not permitted to carry or self-administer an over-the-counter medication at school. In the event of a minor medical problem, the following medications have been approved by the School Physician to be administered by the School Nurse. Parent/Guardian signature is required in order for the Nurse to administer these medications to your child. Permission is valid for the current school year only. If your child requires a liquid medication of the below, please provide the Health Office with an unopened bottle with your child's name on it.

Please initial the medication you give your child permission to receive at school if needed:

_____ Tylenol (acetaminophen) for headache or menstrual cramps.

_____ Benadryl (diphenhydramine) for allergy.

_____ Advil (ibuprofen) for headache or menstrual cramps.

_____ Tums (calcium carbonate) for reflux.

* *All dosing will be in accordance with package instructions and School Physician's Standing Orders.

Print Student Name: _____ Grade: _____

Parent Signature: _____

Print Parent Name: _____ Date: _____