



SAINT JOHN THE EVANGELIST SCHOOL
696 Washington Street
Canton, Massachusetts 02021-3008
781-828-2130

www.sjscanton.org

Consent for Administration of Approved OTC Medications

Date: / /

Is your child allergic or sensitive to any medications? If yes, which ones? _____

Any medical or health problems? No Yes - Please explain: _____

List any long-term medication your child receives: _____

I give permission for my child _____ to receive the medication(s) listed/checked below as deemed necessary by the School Nurse. I understand that a generic equivalent medication may be used. I understand that Only the School Nurse, in accordance with established written protocols, will administer the medication(s) I have checked. Please contact the School Nurse with any questions or concerns.

Please check off what you approve:

- Acetaminophen
- Tums
- Ibuprofen
- Hydrocortisone
- Caladryl Lotion
- Calamine Lotion
- Cough drops (not supplied by the school)

Parent/Guardian Signature: _____

Date: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Emergency Phone: _____

You will only be called if there is something urgent or if use of the same medicine becomes frequent.

School Physician: Dr. Marcantino MD