

Memo: Regarding General Medications

To: Parents / Guardians of Hampshire High Students

From: Kasey Mowery, BSN, RN School Nurse
Rhonda Dante BSN, RN, School Nurse

This is a form to be filled out so your child may receive any of the following medications: **Tylenol, Ibuprofen, or Tums** if needed during the school day. No phone calls will be made for students to receive medications during the school day. This form is helpful if we have a minor need for use of general medications. Parents will still be notified if any incident occurs during the school day.

General Medication Permission Form

Hampshire High School Students

Permission for **Tylenol, Ibuprofen, or Tums**

Student Name _____

Grade _____

Parent/ Guardian's Name _____

Phone Number _____

Allergies _____

Medical Conditions or
Considerations _____

Parent/ Guardian
Signature _____

Date _____