

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 _____