



1128 Great Road
 Princeton, NJ 08540
 Tel. 609-921-6499

Princeton Academy of the Sacred Heart Over-the-Counter Medication Form

Please return this form before September 1st

From time to time, our school nurse administers medical care to the children. Please sign the form below and return it to the school. Indicate if you **do not give** permission for your child to receive the medications shown. Doses of medications used will be appropriate for the child's age and weight.

| Symptom | Medication | Do Not Give |
|--------------------------------|-----------------------------|-------------|
| Headache, Fever, Pain | Tylenol (acetaminophen) | |
| Pain, Fever, Inflammation | Ibuprofen | |
| Upset stomach | Tums | |
| Mild allergic reaction | Benadryl | |
| Abrasion or mild cut | Neosporin topical ointment | |
| Insect bites, bee stings, etc. | Secta sooth swabs | |
| Skin irritation | Calamine lotion | |
| Sore throat | Throat lozenge | |
| Eye irritation | Saline or Allergy eye drops | |

I give permission for my child, _____, to receive the medications as shown above except where I have indicated **do not give**.

Signed _____
 (Parent or Guardian)

Date _____