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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 _____