

BLACKSTONE-MILLVILLE REGIONAL SCHOOL DISTRICT

175 LINCOLN STREET

BLACKSTONE, MASSACHUSETTS 01504

(508) 883-4400 (508) 8839892 Fax Line

www.bmrtd.net

Authorization for OTC Medication Administration – Parent/Guardian

Student's name: _____ Date of birth _____ Grade _____

Parent/Guardian printed name: _____

Telephone number (home): _____

Telephone number (work): _____

Telephone number (cell); _____

My son/daughter has the following food or drug allergies:

Consent:

I consent to have the School Nurse administer the following over the counter medications:
(Please indicate consent below by checking the ones you give permission for your child to receive as needed).

Tylenol (acetaminophen) dosage according to age/weight ____

Advil (ibuprofen) dosage according to age/weight ____

Benadryl for allergic reaction: dosage according to age/weight ____

Tums ____

Cough drops ____

Hydrocortisone Cream/Caladryl Lotion/Aloe Gel ____

Parent/Guardian signature: _____

Relationship to student: _____ Date: _____

It is the policy of the Blackstone-Millville Regional School District not to discriminate on the basis of race, color, sex, religion, national origin, homelessness, sexual orientation, gender identity, age, or disability, in its educational programs, services, activities, or employment practices; as defined and required by state and federal laws.