Bloomsbury Elementary School
Health Office
(908) 479-4414

Dear Parents:

The New Jersey State Department of Education Guidelines For Administering Medications At School requires a parent signature for the dispensing of any medication to students. If you would like your child to receive any of the following over the counter medication(s), on an as needed basis, please complete and return this form for our files. This will enable us to better serve your children. A note will be sent home with your child if he/she receives Tylenol or ibuprofen during the school day.

If you have any questions, please don't hesitate to contact me.

Sincerely,
Katie Scuderi, BSN, RN, NJ-CSN

I give permission for my child:_____________________________________ Grade:_______

to take the following in the Health Office during the 2018-2019 school year:

__________________ Acetaminophen (Tylenol)—at weight appropriate dosage per product package

__________________ Ibuprofen (Advil/Motrin) – at weight appropriate dosage per product package

__________________ Cough drops

Please note: Health information will be shared with all employees having a need to know, unless the school nurse is notified otherwise. Parents/guardians are responsible for notifying the health office of any changes in the child's health.

____ ____________________
Parent Signature Date

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Phone