**Ridgewood Public Schools**

**Consent for the Administration of**

**Approved Standing Order Medication**

Dear Parent or Guardian:

Below is a consent form for the Authorization for Administration of Non-Prescription Medication. The Ridgewood Public Schools Health and Wellness Advisory Committee have approved these medications.

**Your written consent must be obtained before any non-prescription medication can be given to your child.** Only the school nurse may administer these medications, dosage based on weight and age. This consent form lists the medications that are available. Please complete this form and return it to the school nurse. If you have any questions, or would like further information, please contact the school nurse at 201-670-2780, extension 30520.

**Student Name: Grade**

As the parent/legal guardian, I authorize the above named student to receive any medication listed below as deemed necessary by the Registered Nurse-School Nurse. I understand that generic equivalent medications may be used.

I would like the following medication(s) made available to my child: (please check)

**For relief of minor pain headache, muscle aches, menstrual pain:**

* Acetaminophen (Tylenol) 325 mg (1-2 tables every 4-6 hours)
* Ibuprofen (Advil) 200mg (1-2 tablets every 4-6 hours)

**For relief of heartburn, upset stomach or gas pain:**

* Chewable Antacid (Tums)

□ I do not want any non-prescription medication given to my child at school.

The undersigned hereby releases the Ridgewood Board of Education from any and all claims, demands, and liabilities, which may result in the administration of such medication, the failure to administer it, or the improper administration thereof.

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_