

**CHAPEL HILL ACADEMY**

**HEALTH OFFICE**

**31 Chapel Hill Road  
Lincoln Park, NJ 07035  
973-686-0004 x170**

**AUTHORIZATION FOR NON-PRESCRIPTION MEDICATION**

**20\_\_ - 20\_\_ SCHOOL YEAR**

Permission is given for the School Nurse to give the following non-prescription medications to my child during school hours. These medications are in stock in the Nurse's Office and approved by the School Physician.

Please **CIRCLE** the medications you are allowing to be administered.

1. Acetaminophen (Tylenol) – for headache, pain or fever  
Children's Liquid  
Children's Chewable  
Regular Strength Tablets – 1 or 2 tablets
  
2. Ibuprofen (Motrin/Advil) – for headache, pain or fever  
Children's Liquid  
Regular Strength Tablets – 1 or 2 tablets
  
3. Benadryl – for allergy  
Children's Liquid (12.5 mg)  
Tablet or Capsule ( 12.5 mg /25 mg)
  
4. TUMS – for upset stomach  
1 or 2 chewable tablets
  
5. Cough Drops/Throat Lozenges – for sore throats and/or coughs

**\*\*\* Any Medications other than those listed above, will need a Physician's Order, and the medication must be provided by you, in the ORIGINAL container.**

Student Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_