



EAST HAMPTON HIGH SCHOOL

15 North Maple Street
East Hampton, Connecticut 06424
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JOHN H. FIDLER
Principal

MICHAEL L. DALTON
Assistant Principal

Dear Parent or Guardian:

The Connecticut state law requires a physician's or dentist's written order and parental or guardian's authorization for a nurse to administer medication to students.

Our school medical advisor has approved the administration of Acetaminophen, Ibuprofen and antacids for minor problems to students, grades 9-12 who have parental written permission. This authorization must be renewed each year.

Student Name: _____ Grade: _____

I give the school nurse permission to dispense:

_____ Acetaminophen 500 mg 1 or 2 tablets p.o. every 4 hours as needed

_____ Ibuprofen 200 mg 1 or 2 tablets p.o. every 6-8 hours as needed

_____ Antacid 1 or 2 tablets p.o. no more than 4 in a day

I understand that I must supply this medication in its original container, properly labeled, to be kept in the Health Office. I understand this medication will be destroyed if it is not picked up within one week beyond the end of the school year.

Parent Name (Please Print)

Phone Number

Parent Signature

Date

*The East Hampton School District
Preparing and inspiring our students to be innovative, responsible, contributing
members of an ever changing global society*