



**EAST HAMPTON MIDDLE SCHOOL**

19 Childs Road  
East Hampton, Connecticut 06424  
TELEPHONE (860) 365-4060 FAX (860) 365-4064

**NANCY BRIERE**  
*Principal*

**JASON R. LEHMANN**  
*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 6-8 who have parental written permission. This authorization must be renewed each year.

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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