



Fr. John V. Doyle School
343 South Main Street
Coventry, R.I. 02816
Phone: 401-821-3756 Fax: 401-828-8513

MIDDLE SCHOOL MEDICATION CONSENT FORM SCHOOL YEAR 20____ - 20____

Standing Orders for Medication Administration for Fr. John V. Doyle Middle School Students (Grades 6-8)

The School Nurse, with signed parental permission updated yearly, and an updated health history may administer the following over the counter medications to middle school (grades 6-8) students during school. Please indicate which medications you feel are appropriate for your child. The following medications will not be administered at school without this form on file in the Nurses Office. **Doctor's orders are required for all prescription medications given at school as well as other over the counter medications that are not on this list.** Medications are for occasional use only and given at the nurses' discretion. **A new form must be completed every year.**

Please complete the following information:

_____	_____	_____
Student's First Name	Student's Last Name	Student's Date of Birth
_____	_____	_____
Student's Grade	Student's Homeroom Teacher	For School Year

Allergies to Medication: _____

Student's Physician-Full Name (please print): _____

Physician Phone Number: _____

Please check all that are appropriate:

_____ Acetaminophen (Tylenol) 325mg ___ 1 tablet OR ___ 2 tablets every 6 hours as needed
(liquid or chewable form may be given in equivalent dose)

_____ Ibuprofen (Advil/Motrin) 200mg ___ 1 tablet OR ___ 2 tablets every 6 hours as needed
(liquid or chewable form may be given in equivalent dose)

_____ Antacid (Tums) ___ 1 tablet OR ___ 2 tablets

_____ Benadryl 25mg
(Administered for minor allergic reaction)

_____ Throat lozenge/cough drop for minor sore throat pain and cough

Parent's Signature

Date