



Yeshivah of Flatbush
 הישיבה דפלטבוש

EXECUTIVE OFFICE

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Administration of Over-The-Counter Medications in School
 Authorization Form 2018- 2019

Please note that this form must be signed by a parent /guardian AND by your child’s physician and must contain the physician’s stamp.

Name of Student _____ DOB _____ Grade _____

The School Nurse may administer the following over the counter medications (check all that apply):

- () Acetaminophen (generic Tylenol)
- () Ibuprofen (generic Advil, Motrin)
- () Tums
- () Children’s Pepto Bismol
- () Diphen (generic Benadryl)
- () Loratadine (generic Claritin)
- () Zyrtec
- () Pamprin
- () Throat Lozenge
- () Bacitracin
- () Hydrocortisone 1%

Signature of Parent/ Guardian: _____ Date _____

Signature of Child’s Physician: _____ Date _____

PHYSICIAN’S STAMP: