

YESHIVAH OF FLATBUSH
Elementary School

הישיבה דפלטבוש - בית הספר היסודי



Administration of Over- The-Counter Medications in School

Authorization Form 2016-2017

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

Name of student _____ DOB _____

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

- Acetaminophen (generic Tylenol)
- Ibuprofen (generic Advil, Motrin)
- Throat Lozenge
- Tums
- Pepto Bismol
- Diphen (generic Benadryl)
- Loratadine (generic Claritin)
- Bacitracin
- Hydrocortisone 1%
- Midol

Signature of Parent/Guardian: _____ Date _____

Signature of Child's Physician: _____ Date _____

Physician's Stamp: