



**QUINCY
PUBLIC
SCHOOLS**

**Richard DeCristofaro, Ed.D.
Superintendent of Schools**

HEALTH SERVICES

Parental Consent for the Administration of Non-Prescription Medications

I give permission to have the school nurse give the following medications to my child,

_____, Grade _____

- Acetaminophen (Tylenol)
- Ibuprofen (Advil) (**Students grade 6 – 12 ONLY**)
- Antacid Tablets (Tums)

in accordance with the standing doctor's order for the Quincy Public Schools prescribed by Dr. Robert Shiner, School Physician.

My child is known to have the following allergies: _____

Name of Parent/Guardian name _____
(Please Print)

Signature of Parent/Guardian _____ Date _____

Telephone number _____

Relationship to student _____

***Please return completed form to your school nurse as soon as possible.**

The Quincy Public Schools does not discriminate on the basis of race, color, sex, sexual orientation, religion, national origin, or handicap, in its educational activities or employment practices.