

Plymouth Joint School District
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Dan Mella
Superintendent
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Anne Gamoke
Director of Pupil Services
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Business Manager

Dear Parent or Guardian,

In an effort to better serve our students, we have a policy which allows us to administer over-the-counter medications to your child in 7th - 12th grade, if necessary, during the school day. Our goal is to keep students in class and ready to learn, if possible. You have the option below to authorize the school nurse, or school personnel whom they delegate, to administer these medications for your child's comfort or safety. The school nurse (or a delegate) will administer the approved medication as deemed necessary using his or her judgement.

Generic equivalents of these medications will be maintained in the health room, you do not need to provide. Dosage will be per your child's age / weight and per package instructions. This consent must be completed each school year. (You still have the option to provide your own medication using a Medication Authorization Form).

Check all medication(s) you GIVE PERMISSION for your child to receive at school, if needed*.

- Acetaminophen (generic for Tylenol®) Regular strength, 325mg or 650 mg (for pain, headache)
- Ibuprofen (generic for Advil® or Motrin®) 200mg or 400mg (for pain, headache)
- Diphenhydramine (generic for Benadryl®) 25mg (for severe allergic reaction)
- Cetirizine (generic for Zyrtec®) 10 mg (for severe allergic reaction)
- Cough drop or lozenge (such as Halls) 1 lozenge (for cough)
- Calcium carbonate antacid (such as Tums) 1-2 tablets (for heartburn)

Please notify me when my child gets one of the above medications by phone call, voicemail or email.

*If giving permission to receive each medication, it is understood that the school employee who administers these medications according to proper dosages shall not be held liable for any adverse reactions to the medication administered.

Parent Signature

Parent (Printed Name)

Date

A simple rectangular box with a thin black border, intended for the parent to write their signature.

Student's Printed Full Name

Date of Birth

Grade