

Frelinghuysen Township School

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OVER-THE-COUNTER MEDICATION CONSENT FORM

School Year 2025-26

In the event of a minor medical problem, the following medications have been approved by the School Physician to be administered by the School Nurse. Parent/Guardian signature is required in order for the School Nurse to administer these medications to your child. Parental Permission is valid for the **current school year only**.

Please check the medications you approve for your child to receive during school hours if needed:

_____ Acetaminophen (Tylenol)

_____ Orajel/Anbesol

_____ Benadryl

_____ Ibuprofen (Advil)

_____ Throat Lozenges

_____ Tums

_____ I DO NOT wish for my child to receive medications at school.

Before administering any medications, a phone call may be made to a parent/guardian to ensure no medications were given prior to school hours. All dosing will be in accordance with package instructions.

Student Name : _____ GRADE: _____

Parent/Guardian Signature: _____ DATE: _____

*** ALL OTHER OVER-THE-COUNTER and PRESCRIPTION medications require a physician's written order and written consent form the parent/guardian. All medications must be in the original container and delivered to the school nurse by a parent/guardian. Students are NOT permitted to transport medications**