

Franklin Towne Charter Elementary School

4259 Richmond Street * Philadelphia, PA 19137 * (215) 289-3389 * (215) 288-4041 (fax)

School Year 2022/2023

Student Name: _____ Grade/Room: _____ Birth date: _____

Medication/Food Allergy(s): _____

Medical/health problem(s): _____

Medication(s) your child receives at home: _____

I give permission for my child to receive any medication checked below as deemed necessary by the school nurse. I understand generic equivalents may be used and this permission will be in effect only for this school year. **My child has previously taken acetaminophen (generic Tylenol)/ibuprofen (generic Advil) without any adverse reaction.**

By signing this form, I give permission for the Health Room staff to share this information with other school staff as necessary.

I would like the following medication(s) made available to my child: (please initial/check)

_____ **Acetaminophen** (generic Tylenol) for pain including headache, toothache, menstrual cramps, ect.

_____ ****Ibuprofen** (generic Advil) for pain including headache, menstrual cramps, toothaches, sore throat, sprains, and strains. ****For 7th and 8th grade students ONLY, unless ordered by a private physician. ****

_____ **Tums** for nausea and stomachache

_____ **Diphenhydramine** (generic Benadryl) for *severe allergic reactions only – NOT given for allergies*

****Acetaminophen will NOT be given following a head injury or for fever. It will only be given ONCE during the school day and NOT during the first or last periods of the day. (M-Th 10AM-2PM Friday 10AM-1PM)****

ABSOLUTELY NO MEDICATION WILL BE GIVEN WITHOUT THIS SIGNED FORM ON FILE IN THE HEALTH ROOM!

ALL MEDICATION FORMS MUST BE DATED ON OR AFTER THE FIRST DAY OF THE SCHOOL YEAR.

I understand that the above medications will be administered by the school nurse in accordance with established protocols developed by the school physician and the school nurse.

_____ **I do NOT want any medication given to my child at school.**

Parent Name: _____ Parent Signature: _____ Date: 8/29/22

Parent Phone #: (home) _____ (work) _____ (cell) _____

Emergency Contact Name: _____ Phone #: _____