



EAST HAMPTON
HIGH SCHOOL
COMMITTED TO EXCELLENCE

Mr. Eric Verner
Principal

Mrs. Jackie Russell
Assistant Principal

Mrs. Mya Rodowicz
Director of Guidance

Mr. Shaun Russell
Director of Athletics

Dear Parent or Guardian:

The Connecticut state law requires a physician's or dentist's written order and parental or guardian's authorization for a nurse to administer medication to students.

Our school medical advisor has approved the administration of Acetaminophen, Ibuprofen and antacids for minor problems to students, grades 9-12 who have parental written permission. This authorization must be renewed each year.

Please complete:

Student Name: _____ Grade: _____

_____ Acetaminophen 325 - 500 mg 1 or 2 tablets p.o. every 4 hours as needed

_____ Ibuprofen 200 mg 1 or 2 tablets p.o. every 6-8 hours as needed

_____ Antacid 1 or 2 tablets p.o. no more than 4 in a day

I understand that I must supply this medication in its original container, properly labeled, to be kept in the Health Office. I understand this medication will be destroyed if it is not picked up within one week beyond the end of the school year.

Parent Name (Please Print) Telephone Number

Parent Signature Date