

OLD BRIDGE TOWNSHIP PUBLIC SCHOOLS

HEALTH SERVICES

2023-2024 School Year

CONSENT FORM TO ADMINISTER TUMS (Calcium Carbonate 750mg)

Student's Name: _____

Grade/Block/Teacher _____

Dosage (please specify: 1 tab _____ 2 tabs _____ other _____)

Maximum dose: 2 tabs

The school nurse has my permission to administer Tums to my child during this school year ONLY for the following reasons:

UPSET STOMACH

I understand, with my written permission on this form, that my child may be given TUMS at school ONLY for the above reason. If my child presents with other symptoms during that school day, no medication can be given.

I understand that if TUMS are requested frequently my child would be referred to their primary care physician for evaluation.



School Physician

Parent/Guardian's Signature



Date signed

Date signed