

SAINT BERNARD SCHOOL  
1593 NORWICH-NEW LONDON TPKE  
UNCASVILLE, CT 06382

Health Office

**Saint Bernard School Medication Form**

Dear Parent or Guardian,

2019-2020 School Year

If you wish your child to receive Acetaminophen (Tylenol), Ibuprofen (Advil), cough drops or throat lozenges during the school year please complete this permission form below and return the entire letter to the Health Office. In order for a child to receive these medications, the parent/guardian must bring a personal supply to the Health Office in its original container. **ALL MEDICATION MUST BE DELIVERED TO THE SCHOOL BY AN ADULT.**

Please do not bring in Naproxen (Aleve), Aspirin, extra strength Tylenol, or any combination products such as Midol, Excedrin, or multi-symptom cold relievers. These and all other medications require an Authorization to Administer Medication form, which must be signed by your health care provider.

Please call the Health Office at 860-848-1271 x125 should you have any questions. Form may be faxed to (860)848-1274, or sent via email to [nurse@saint-bernard.com](mailto:nurse@saint-bernard.com).

Sincerely,

Jackie Hernandez RN  
School Nurse

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Acetaminophen (Tylenol) \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Throat Lozenges/Cough Drops \_\_\_\_\_

My child is known to be allergic or sensitive to the following medicines: \_\_\_\_\_

\_\_\_\_\_  
By signing below I give permission for my child (named above) to receive the medications indicated above for the school year 2019 - 2020.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_