

**Gardner Public Schools**  
*Office of the Coordinator of Health Services*  
200 Catherine Street, Gardner MA 01440  
(978) 630-3463

**Parent Authorization for Over-the-Counter Medications**

Please check the appropriate medication(s) listed below if you wish to have your child receive them during school hours.

I hereby authorize the school nurse to administer:

\_\_\_\_\_ **Ora-gel** (Topical Benzocaine) applied to mouth as needed for oral pain or discomfort.  
Possible side effects: Well tolerated: rare hypersensitivity reaction.

\_\_\_\_\_ **Acetaminophen** (Tylenol) 325mg, 500mg, 650mg, 1000mg (dose to be determined by weight) every 4 hours as needed for headache, fever or pain.  
Possible side effects: well tolerated, rare hypersensitivity reaction. Adverse reactions: loss of appetite, nausea, diaphoresis, generalized weakness within 1<sup>st</sup> 12-24 hrs. Later signs of toxicity: vomiting, right upper quadrant pain, and elevated liver function tests. Contraindications: hypersensitivity.

\_\_\_\_\_ **Antacid** (Tums) 1-2 tablets every 4 hours as needed for upset stomach, heart burn.  
Possible side effects: constipation, nausea, GI upset, and loss of appetite. Contraindications: allergy to calcium, Renal calculi, hypercalcaemia.

All students must have a signed and completed parental authorization form on file with the nurse before ANY medication will be administered. These forms are for the current school year only. Medications will be administered according to the medication policy approved by the Gardner School Committee. Any changes to the above information over the course of the school year must be reported to the school nurse.

The following information is **REQUIRED** before any medication will be administered

Allergies

Medications: \_\_\_\_\_

Food: \_\_\_\_\_

Please list **ALL** medications (prescription and over-the-counter) that the student is taking

\_\_\_\_\_

I give permission for my child \_\_\_\_\_ (Date of Birth) \_\_\_\_\_  
(Grade) \_\_\_\_\_ to be given the medication I have checked off above by the school nurse.

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

\_\_\_\_\_  
Date