

MEMORIAL MIDDLE SCHOOL
LITTLE FERRY – NEW JERSEY

RETURN TO SCHOOL BY **MAY 7, 2018**

Washington DC, Medication Permission Slip – Memorial Middle School

Medication Policy: No medication is to be in the possession of ANY student for ANY reason. This includes **prescription as well as non-prescription** or over-the-counter drugs, vitamins, and herbal medicines (such as Visine, Advil, cough drops, etc.)

All medication to be taken while on the **Washington DC** trip (May 29,30,31, 2018) **MUST** be delivered to the school nurse **ONE WEEK BEFORE** the trip (by **Monday May 21, 2018**). The medication must be in the original container labeled with the student's name, and be accompanied by **BOTH** an order from the student's physician and written permission of the parent/guardian. Over the counter medications must also be accompanied by BOTH an order from the student's physician and written permission of the parent/guardian as well

Students may receive Tylenol, Pepto Bismol, and Benadryl as needed, to be administered by the school nurse, **with parental permission indicated by the signature below**. These medications have been approved by the school physician with his direction for use.

Please call the school nurse, Ms. Pappas, 201-641-6186 ext. 1405 with any questions.

Students Name: _____
(Please print)

I, _____ give permission for my child to receive the following
(Print Parent/Guardian Name)

non-prescription medication as approved by the school physician from the nurse if my child should feel ill during the trip.

____ Tylenol ____ Pepto Bismol ____ Benadryl

Parent/Guardian Signature

Date