

**Cape Cod Lighthouse Charter School**  
Authorization for the Administration of  
Tylenol (Acetaminophen), Tums, Ibuprofen & Hand Sanitizer

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent / Guardian (print name) \_\_\_\_\_

Telephone number - Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

My child is currently receiving the following medications:

\_\_\_\_\_

My child has the following allergies:

\_\_\_\_\_

I consent to have the School Nurse or school personnel designated by the School Nurse administer a single dose of Tylenol (Acetaminophen) 500 mg 1-2 tablets, when necessary, such as in the case of a severe headache or temperature greater than 101 F or severe orthodontic pain. This may be given no more than once a day.

Please give \_\_\_\_\_ tablets. NO \_\_\_\_\_

I consent to have the School Nurse or school personnel designated by the School Nurse administer a single dose of Tums 1-2 tablets, when necessary, such as in the case of a severe upset stomach or indigestion.

Please give \_\_\_\_\_ tablets. NO \_\_\_\_\_

I consent to have the School Nurse or school personnel designated by the School Nurse administer a single dose of Ibuprofen 200 mg 1-2 tablets, when necessary, such as in the case of a severe headache or temperature greater than 101 F or severe orthodontic pain. This may be given no more than once a day.

Please give \_\_\_\_\_ tablets. NO \_\_\_\_\_

I consent to allow my child to access sunscreen, Caladryl Clear lotion, first aid burn spray, antibiotic ointment & Hydrocortisone cream as deemed necessary by the school Nurse.

\_\_\_\_\_ YES NO \_\_\_\_\_

I consent to allow my child to use hand sanitizer if soap and water are not available

\_\_\_\_\_ YES NO \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_