



**HUNTERDON PREPARATORY SCHOOL**

11 SPENCER LANE

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**Parent’s Request for Giving Non-Prescription Medication 2023-2024**

In the event that my child reports minor injury or discomfort during school hours, I give permission for my son/daughter \_\_\_\_\_ to receive:

- |   |          |           |
|---|----------|-----------|
| • Acetaminophen 325 mg. (Regular Strength Tylenol).   | 1 tablet | 2 tablets |
| • Ibuprofen 200 mg. (Motrin, Advil).....  | 1 tablet | 2 tablets |
| • Antacid.....  | 1 tablet | 2 tablets |
| • First Aid Wash/Ointment/Cream (such as throat.....<br>lozenges, aloe, normal saline, anti-bacterials, etc.) | No       | Yes       |
| • Hygiene Products (deodorant, toothpaste, saline.....<br>solution, face wash, sunscreen, etc.)               | No       | Yes       |

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)