Princeton High School
Health Office

I give permission for_____
Daughter/Son

1. To receive: Motrin/ Advil/ Ibuprofen (2 tablets/400mg)
Tylenol/ Acetaminophen (2 tablets/650mg)
If needed during school hours for: headache, cramps, toothache or general pain.

2. I hereby give permission for the school to arrange emergency treatment for my child.

From: _____Date_____
Parent/Guardian

Emergency contact names/ numbers:
_____
_____
_____
_____
_____
_____

***Please provide a list of all medications your child uses on a daily or an as needed basis.**
Inhaler _____
Epi-pen _____
Type of allergy: _____
Medications used: _____
_____
_____
_____

Contact the School Nurse if medication administration is required during the school day.

Princeton High School Health Office (609) 806-4293