



250 Waltham Street ■ West Newton, Massachusetts 02465
Health Center Phone: 617.630.2306 ■ Fax: 617.630.2308

Dear Parents:

The Health Center cannot administer over the counter medications without your written permission. Please check the medications listed below which you approve your son receiving for the problem listed. Please sign this form and return it to the Health Center with your son's completed health form as soon as possible.

	YES	NO
(1) Acetaminophen (Tylenol) for headache, muscle aches and fever	_____	_____
(2) Ibuprofen (Motrin) for muscles aches, headache, fever	_____	_____
(3) Benadryl for allergy-related symptoms	_____	_____
(4) Robitussin cough syrup for cough	_____	_____
(5) CalaGel for poison ivy	_____	_____
(6) Robitussin throat lozenges for cough and sore throat	_____	_____

Student's Name _____ Entering Grade _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

The Fessenden School Medical Director, Jim Goldston, M.D., will be consulted for illness and accidents. Parents will be alerted of their son's medical needs by the health center nurse.

If you have any questions, please feel free to call The Health Center.

Sincerely,
Mary Whalen, RN
Jeanne Bloom, RN