



ABBY KELLEY FOSTER REGIONAL CHARTER SCHOOL

10 New Bond Street Worcester, MA 01606

Phone: (508) 854-8400 Fax: (508) 854-8484

www.akfcs.org

Student's Name _____ **DOB** _____

Allergies to medications _____

Person(s) to be notified in case of medication emergency:

_____ **Phone** _____

_____ **Phone** _____

I consent to have the school nurse administer the following medication to my child:

Tylenol/acetaminophen _____

Motrin/Advil/ Ibuprofen _____

Benadryl _____

All medication will be given according to manufacturers' instruction

Parent/Guardian signature _____

Date _____