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Dear Parent or Guardian,

In effort to better serve the health needs of your child, we have a policy that allows us to administer some frequently used over-the-counter medications to your child, if necessary, during the school day. In accordance with this policy, we are asking you to give authorization for the school nurse, or school personnel whom they train, to administer the medications noted below for your child's comfort or safety.

School personnel must have your signed consent to administer these over-the-counter medications. Generic equivalent medications may be available in the health room/office. You may supply your own medications if you wish. The school nurse/trained staff will administer the approved medications as deemed necessary using his or her judgment. Please check the box below if you want to be informed of our action. (Form completed annually.)

Check all desired medication(s) for your child.

*All medication dosage will be given per standard package instructions.

- Acetaminophen (generic for Tylenol®) Regular strength, 325mg or 650 mg
- Ibuprofen (generic for Advil® or Motrin®) 200mg or 400mg
- Cough drop or lozenge (such as Halls) 1 lozenge
- Calcium carbonate antacid (such as Tums) 1-2 tablets

Please notify me via phone or email when my child gets one of the above medications.

I understand that this consent must be completed every year. I understand that the school employee who administers these medications according to proper dosages shall not be held liable for any adverse reactions to the medication administered. I hereby give my permission for my child/ward to receive the above-checked medication(s) as deemed necessary by school personnel.

Parent Signature

Parent (Printed Name)

Date

Student's Printed Full Name/Grade

Date of Birth

_____ Initial here if you decline administration of all OTC medications for your student

school year: _____