



Parental Consent for Over-the Counter Medications

Student Name: _____ Grade: _____

The school nurse will have the following over-the-counter medication (OTC) available to students with written parental authorization to administer OTC medication. All others must be supplied by the parents in the original container. Please check the medications your child may receive for minor health complaints such as cold, menstrual cramps, headache, sore throat, sore muscles, backache, eye irritation, burns, sprains, upper respiratory infections, nasal congestion, upset stomach, diarrhea, and rashes. You will be notified of administration by administering staff.

Check one:

- ☐ May **give ALL** medications on list
- ☐ **DO NOT** give any medications
- ☐ Give **ONLY** medications checked:
 - ☐ Acetaminophen (Tylenol) 325mg/500mg, 1-2 tablets every 4 hours (Upper School)
 - ☐ Ibuprofen 200mg, 1-2 tablets every 6 hours (Upper School)
 - ☐ Children's Acetaminophen (Tylenol) chewables and liquid suspension as directed per age/weight (Lower School)
 - ☐ Children's Ibuprofen chewables or liquid as directed per age/weight (Lower School)
 - ☐ Benadryl as directed for allergic reactions (after parent notified)
 - ☐ Tums 1-2 tablets, upset stomach, heartburn
 - ☐ Antibiotic Ointment, cuts, abrasions, wounds, burns, etc.
 - ☐ Hydrocortisone Cream- bug bites, rashes, etc
 - ☐ Cough Drops: 1-2 cough drop for sore throat, irritation, cough
 - ☐ Other _____

I verify that the student has experienced no previous side effects from these medications. Notify the school

nurse immediately of any medication changes or if your child develops an allergy to the medication, including any decision to withdraw your consent to administer these OTC medications. Parents/guardians will be notified if frequent requests for any of the above medications occur. If a student is requiring or has been ordered frequent dosing of any of the above medications, a doctor's note may be requested as well as the parent will be required to supply such medication.

Parent/Guardian Signature Date

Please return this form to the school nurse by the first day of school!

*No OTC medication will be administered to your child unless this form is completed and signed.