

USD 423
 Parental Permission for Occasional Use
 Of Over-the-Counter Medications Only

Student Name _____ Age/Grade _____

There will be a LIMITED SUPPLY of over-the-counter medications that can be used with written parental/guardian permission by the School Nurse when requested (for K-12 students only). The School Nurse will notify the parent/guardian when medication has been requested. Acetaminophen and Ibuprofen will be limited to 3 doses each month. Any additional or increased usage will require a physician’s order. The “Permission for Medication Administration” form must be completed and parent/guardian must send child’s own supply of medication. For any known chronic or frequent condition requiring regular administration of the medications listed here or for any other over-the-counter medications not listed (eye drops, etc), the policy remains the same. Please refer to the student handbook for details. *Please note that this does not give your child permission to carry over-the-counter medications. All medications should be kept in the office.*

I give permission for the School Nurse or other school staff designated by the School Nurse to administer the medication(s) noted. I certify that my child has been given at least one dose of any/all medications I have checked and there was no adverse reaction. I also understand that any designated school employee who administers this parent-prescribed medication to my child in accordance with labeled instructions shall not be liable for damages as a result of an adverse drug reaction suffered by the student or because of a mislabeled or altered product.

Check all that apply, cross out any that should not be allowed.

	Acetaminophen (generic Tylenol) given per label directions for headache, minor aches or pains
	Ibuprofen (generic Advil, Motrin) given per label directions for headache, minor aches or pain
	Antibiotic Ointment given topically for treatment of minor cuts or abrasions
	Anti-Itch Lotion (Calamine or Caladryl lotion) applied topically for minor skin irritation or rash
	Cough drops given per label directions for cough due to common colds or allergies

Allergies: _____

Comments: _____

 Signature of Parent/Guardian

 Date

