

OVER-THE-COUNTER MEDICATION PROTOCOL FOR SCHOOL

The school physician has written a doctor's order for the administration of the medications listed below. If you would like your child to have permission to receive these medications when necessary, please sign where indicated.

Permission must be renewed in writing every year. Consent may be withdrawn at any time by contacting the nurse's office. This protocol covers only the medications listed below.

PLEASE—ONLY ONE STUDENT PER FORM

Student's Name _____

Grade _____

I give the school nurse permission to administer the following:

_____ Tylenol (Acetaminophen)

_____ Hydrocortisone ointment

_____ Advil (Ibuprofen)

_____ Halls cough drops

_____ Bacitracin ointment

_____ Calamine lotion/Caladryl

_____ Benadryl

_____ Antacid (Upset stomach)

_____ Anbesol gel

_____ Visine eye drops

_____ Ben Gay

_____ All of the above

_____ None of the above

Please list all medications your child is currently taking:

Please list all known allergies your child has:

Any illness, injury, or surgery since last year? _____

Student's Physician _____ **Phone #** _____

Parent/Guardian's Signature

Date

NO MEDICATION WILL BE GIVEN WITHOUT WRITTEN

CONSENT ON FILE