



Dr. Lori Shough, Superintendent

Governing Board

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PARENT/GUARDIAN CONSENT FOR OVER THE COUNTER AND NON-PRESCRIPTION MEDICATION ADMINISTRATION DURING SCHOOL HOURS

Dear Parent or Guardian:

There are certain procedures to be followed should it be necessary for your child to be given over the counter (OTC) medications during school hours.

ADMINISTRATION OF NON PRESCRIPTION MEDICATION

Non-prescription medications, or over the counter (OTC) medications (such as acetaminophen, ibuprofen, antacid Benadryl) may be administered to students who have written permission from parents/guardians. All OTC medications must be in the original packaging, with the student's name clearly written on the package.

Homeopathic and naturopathic medications will not be administered at school. Homeopathic and naturopathic remedies are not FDA approved for use and are therefore not considered for use as over the counter medications. (The Trust, Section 1-1 A)

A signed Parent/Guardian consent for Permission to Administer OTC medications must be signed and on file with the school administrator designated representative. To ensure that the use of this medication is not masking symptoms of any serious condition, a physician's statement or physician's letter must be submitted and on file in the school health office for administration of non-prescription medications for more than three (3) consecutive days and/or are beyond the recommended product label instructions. (The Trust, Section 1-2 B)

To minimize the possibility of an accidental drug overdose, non-prescription medications will not be dispensed during the last 3 hours of the school day. An exception would be if a child participates in school sports or other after school activity. In these instances, school personnel may contact the parent before administering any OTC medication. Non-prescription medication will be given in a dosage consistent with the child's weight and/or age as indicated on the medication package. (The Trust, Section 1-4 C)

I have read and understand the above and I request that designated school personnel assist my child (Student's Name), \_\_\_\_\_ by administering him/her the OTC Medication he/she needs for (list reason) \_\_\_\_\_.

OTC Medication \_\_\_\_\_ Dose \_\_\_\_\_ Time to be given \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_.

I hereby give permission for the exchange of information regarding my child's prescribed medication.

PARENT/GUARDIAN'S PERMISSION:

Signature of Parent/Guardian Printed Name Date

THE LIBERTY SCHOOL DISTRICT

