



**USD 385 Andover Public Schools  
Department of Health Services  
Over-the-Counter Medication Form  
Grades 6-12**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medication Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Parents/Guardians of Andover School District students may choose to allow their child to receive over-the-counter medications in the school setting.

**Middle and High School Students:** Medication will be maintained in the nurse's office and dispensed according to label instructions for frequency and dosage and at the discretion of the Registered Nurse. If it is necessary for the student to retain possession of the medication, this must be discussed with the Registered Nurse, and requested in writing by your child's physician. All "other over-the-counter medications" must be provided by parents and presented in the original sealed unexpired container, and labeled age appropriately for student use. Medications not received in original sealed containers will not be administered. If a change in type of drug or dosage is warranted, a new form is to be completed by the parent/guardian and presented to the Health Office.

**Consent to Administer Over-the-Counter Medication in the School Setting:**

I understand that the Registered Nurse employed by USD 385 must have written parent/guardian consent before any medication can be administered at school. I hereby certify that my child, \_\_\_\_\_ has previously had at least one dose of the medication(s) requested. I understand that any school employee who administers this medication to my child, will do so in accordance with USD 385 Board of Education Policy and the Practice Act of the Kansas State Board of Nursing, and shall not be liable for damages as a result of an adverse drug reaction suffered by the student. I hereby give permission for my child to be administered the following over-the-counter medications during this school year and for my student's weight to be obtained as needed in order to calculate accurate recommended dosage:

\_\_\_\_\_ Acetaminophen-Generic Tylenol

\_\_\_\_\_ Ibuprofen-Generic Advil

\_\_\_\_\_ Cough drops

\_\_\_\_\_ Triple Antibiotic Ointment (minor cuts and scrapes only)

\_\_\_\_\_ Anti-itch cream : Hydrocortisone 1% only, Caladryl/Calamine lotion (anti-itch for bug bites, poison ivy, minor rash areas)

\_\_\_\_\_ Tums- Generic Calcium Carbonate

\_\_\_\_\_ Other non-prescription medications that are accompanied by a written request.

**All prescription medications require written permission of the parent/guardian and physician for administration in the school setting. USD #385 Prescription Medication Form is available on the Andover Public School website under Nurses Corner: Medications at School.** All controlled substances defined as such under state or federal law will be kept in locked cabinets under the supervision of the Registered Nurse. Students who retain controlled substances on their person on school grounds are subject to the disciplinary policies of USD #385 unless the Self-Administration release form is on file.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_