



# SERVITE HIGH SCHOOL MEDICATION CONSENT

## OVER THE COUNTER NON-PRESCRIPTION MEDICATION (PLEASE PRINT CLEARLY)

Students Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Parent request for the administration of medication - prescription and non-prescription.

California Education Code Section, 49423 allows designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school, to maintain, or improve his potential for education and learning.

I give permission to the school nurse to administer Tylenol, Ibuprofen, Tums, Benadryl, Claritin/Zyrtec, Sudafed Sinus, Pepto Bismol during school hours, when it is urgently needed. I understand I will be notified if any of these medications are given.

Please check off medication that may be administered to your son during school hours:

Tylenol  Ibuprofen  Tums  Benadryl  Claritin/Zyrtec  Sudafed Sinus  Pepto Bismol

I understand it is my responsibility to update this form if there are any changes and I no longer give consent for my son to receive any of the above Over the Counter Medications.

*This form will remain on file until your son graduates. It does not need to be completed every year.*

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

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**[PRINT AND FILL OUT OR MAKE A COPY TO EDIT THEN PRINT]**

Revised 08/2022