

**Elizabethtown Area School District
Medication Permission and Consent**

Dear Parent or Guardian:

The administration of medication during the school day is sometimes unavoidable. School supplied Brand Name or Generic Fexofenadine, Acetaminophen, Ibuprofen, Antacid, and Cough/Sore Throat Lozenge may be administered to students in the Elizabethtown Area School District (EASD), under the School District's Standard Operating Procedures and with signed parental permission. In order to provide for student needs while in school, we must have your permission to administer these school-provided medications, as the need arises. The nurse may still call parents/guardians prior to medication administration for student safety. **Please complete this form and return it to the school immediately. This needs to be completed at the beginning of every school year.**

Please contact your school with any questions,

EASD Nursing Department

Student Name: _____ Student ID: _____ Grade/Team: _____

Birth Date: _____ Homeroom: _____

I give permission to authorized personnel of the Elizabethtown Area School District to administer:

Please check all that apply:

- _____ Generic Acetaminophen (Tylenol) not to exceed 4 doses in a 30-day period
- _____ Generic Ibuprofen (Advil, Motrin) not to exceed 4 doses in a 30-day period
- _____ Generic Fexofenadine (Allegra) grades 6-12 only
- _____ Generic Antacid (Tums)
- _____ Cough/Sore Throat Lozenge

*List all student health conditions, such as Asthma, Allergies, Surgeries, Hospitalizations, etc.:

*List all daily medications (Include home & school medications):

*Please be aware that a Medication Authorization form is required for all medications administered at school.

Print Parent Name: _____ Date: _____

Signature: _____ Phone: _____