TYRONE AREA SCHOOL DISTRICT
OVER-THE-COUNTER MEDICATION CONSENT FORM

STUDENT NAME _____TEACHER_____GRADE____

District policy currently allows for the administration of the following "over-the-counter" medications in specific situations in order to improve the student's level of comfort and classroom performance and to help avoid unnecessary absences. A standing order from our school physician authorizing these medications is on file in the Health Suite.

We also require parent consent for these medications to be administered. Please indicate below those which you wish your child to receive in the circumstances listed and be certain to complete the reverse side of this form also. You may "select all" by choosing the last line below or may make individual selections if you wish. Be sure to use the individual lines if your child is allergic to one or more of the options.

acetaminophen (generic Tylenol) yes ___ no ___

- < 12 years old, chewable tablets based upon weight/age
- 12 years old or above, 1 – 2 tablets, 325 mg each
- given for headache, earache, dental/orthodontic discomfort, menstrual cramps, follow-up of known, medically treated injuries, fever (temperature over 101)
- NOT given in cases of head injury, abdominal pain, problems requiring immediate medical evaluation, or known hypersensitivity to the drug

Benadryl (orally) 12.5-50mg, according to weight, for allergic reactions yes ___ no ___

triple antibiotic ointment (topically) to minor skin wounds for prevention of infection yes ___ no ___

Caladryl or calamine lotion (topically) to rashes and minor skin irritations for itching yes ___ no ___

Chloraseptic spray (topically) for minor throat discomfort yes ___ no ___

cough drops (orally) for minor throat discomfort and coughing yes ___ no ___

Anbesol (topically) to gums, teeth, oral membrane for discomfort yes ___ no ___

_____ ALL OF THE ABOVE MEDICATIONS MAY BE GIVEN.

TO INSURE THE SAFETY OF ALL STUDENTS, **NO** MEDICATION MAY BE KEPT IN A STUDENT'S POSSESSION DURING THE SCHOOL DAY EXCEPT FOR INHALERS (for asthma) AND EPI-PENS (for severe allergic reactions).

- A written physican's and parent's consent for inhalers and Epi-pens must be on file in the building Health Suite and the student must demonstrate his or her ability to self-administer.
- All medications other than those identified above, including ibuprofen (generic Motrin or Advil), will be given only with written physician's and parent's consent; they must be provided by parent as below.
- All medications from home must be provided in the original container or in a duplicate, labeled container from the pharmacy. They will be stored in the building Health Suite.

I HEREBY GIVE CONSENT FOR MY CHILD, NAMED ABOVE, TO BE ADMINISTERED OVER-THE-COUNTER MEDICATIONS ACCORDING TO THE TERMS STATED ON THIS FORM.

_____ _____

PARENT/GUARDIAN SIGNATURE *DATE*

PLEASE LIST ANY RESTRICTIONS OR SPECIAL CONDITIONS RELATED TO THIS CONSENT:

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