



CONSENT FOR ADMINISTRATION OF OVER THE COUNTER (OTC) MEDICATIONS

Pre-approved over-the-counter medications may be administered by school nurses while on campus in accordance with legal requirements and established District guidelines. This completed form is good for one school year.

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Drug allergies:  No  Yes – Please explain \_\_\_\_\_

Health/Medical problems:  No  Yes – Please explain \_\_\_\_\_

I give permission for the school nurse to administer the following pre-approved over the counter medication(s). (Please check all that apply):

- Aloe Vera gel may be applied for dry skin, itchy skin without drainage, and or sunburns.
 Tylenol or generic equivalent Acetaminophen may be given for fever 101 or greater. Dose will not exceed Federal Drug Administration (FDA) guidelines.
 Ibuprofen may be given only to middle school or high school students for menstrual cramps. Dose will not exceed Federal Drug Administration (FDA) guidelines.
 Ibuprofen may be given only to middle school or high school students for sports related injuries. Dose will not exceed Federal Drug Administration (FDA) guidelines.

I acknowledge, understand and agree to the following:

- Written and verbal consent are required for the school nurse to administer pre-approved over the counter medications.
• Only the school nurse will administer pre-approved over the counter medications.
• The dose administered will not exceed recommended Federal Drug Administration (FDA) guidelines.
• Pre-approved over the counter medication will not be administered more than once a day, for more than three (3) consecutive days, or more than three (3) times in a month.
• My student may be sent home with fever in accordance with state law and board policy.
• Applying or administering pre-approved over the counter medication does not exempt my student from being sent home.
• Pre-approved over the counter medication will not be administered to pregnant and or breastfeeding students.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Telephone \_\_\_\_\_/\_\_\_\_\_
Name Relationship Home Business

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date