North Middlesex Regional School District
Health Services

PARENT PERMISSION TO GIVE "OCCASIONAL" OVER-THE-COUNTER MEDICATION AT SCHOOL AND EMERGENCY POWER OF ATTORNEY

2024-2025 School Year

Student Name:_____ Teacher:_____ Grade:_____

Over-the-counter (OTC) medications are drugs that do not require a prescription in order for you to purchase them. In the school system, physician orders are required in order to administer OTC medications in the health office. Our school physician has written standing orders for the medications listed below. OTC medication will be given based on our current standing orders. A copy of the protocol can be requested. *This parental consent form is required before any OTC medication can be administered at school.*

*****PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION*****

Topical:
_____ Hydrocortisone Cream 1%
_____ Calamine Lotion
_____ Antibiotic Ointment (Bacitracin)
_____ Caladryl
_____ Hand Sanitizer

Oral:
_____ Acetaminophen (Tylenol)
_____ Ibuprofen (Advil, Motrin)
_____ Diphenhydramine (Benadryl)
_____ Throat lozenges/Cough drops
_____ Antacid Tablets (Tums)

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

OR

_____ I **DO NOT** want any OTC meds given to my student

EMERGENCY TREAT & TRANSPORT
(Please initial)

_____ In the event of an accident or sudden or unexpected illness of my child, if I cannot be contacted, I authorize the school staff to call my child's physician and to follow his/her instructions. Should the physician not be available , I further authorize, in my place and in my stead, the school to seek the services of any qualified physician and to transport my child to the physician's office or hospital for treatment including x-rays, laboratory tests or whatever medical or surgical procedures are deemed necessary on an emergency basis. I hereby authorize such treatment physician to render such medical and surgical treatment and agree to pay the customary fees or charges for such treatment.

_____ _____
(Signature of Parent/Guardian) Date

NOTE: The school is not able to supply medication for frequent or daily use. For OTC medication not listed on this form, or if the medication must be given on a regular basis, please use the NMRSD medication permission form.

Medication history:
Medication allergies and type of reaction: _____
Medications (OTC or prescription) currently taken on a regular basis:

_____