

CONSENT TO ADMINISTER OVER-THE-COUNTER MEDICATION IN SCHOOL

In order for over-the-counter (OTC) medication to be given to your child during school, this form needs to be completed by the child's parent or legal guardian. Return the completed form to your child's school nurse.

Name of Child _____ Date of Birth _____ Grade _____

PARENT INFORMATION

Parent Name _____

Parent Name _____

Tel # (H) _____

Tel # (H) _____

(C) _____

(C) _____

Email _____

Email _____

PARENT CONSENT

The school nurse has permission to give my child the following **over-the-counter (OTC) medications**:

- | | | |
|--|--|------------------------------|
| ☐ Acetaminophen 325mg | ☐ 1 tablet ☐ 2 tablets | (Same ingredient as TYLENOL) |
| ☐ Ibuprofen 200mg | ☐ 1 tablet ☐ 2 tablets | (Same ingredient as ADVIL) |
| ☐ TUMS® | ☐ 1 tablet ☐ 2 tablets | |

Please: note: **only Registered Nurses** may administer OTC medications in school. If your child needs OTC medications regularly, please contact the school nurse for a medication plan.

I give permission to the school nurse to share relevant information with school staff as s/he determines appropriate for my child's health and safety.

☐ YES

☐ NO



Parent Signature

Please Print Name Here

Date

For Clinical/Office Use Only



Nurse Signature

Please Print Name Here

Date