

School Year: _____

Must be completed every school year

Consent for Over-the-Counter Medication Administration

Student Name _____ Date of Birth _____ Grade _____

I consent for the School Health Professional of Mater Dei High School to treat my child _____ (name) if deemed necessary or advisable based on his/her presentation to the School Nurse Office. It is recognized that minor symptoms occur that may not be relieved through comfort care. The School Health Professional does have certain over-the-counter medications in stock which can be administered if authorized by the parent on this form. Before granting school permission to administer over-the-counter medication, please check with your doctor/pharmacist that the medications below do not interact with any medications your child may already be taking.

_____ No, my child may not be given any over-the-counter medications or options listed below. I understand that only comfort care measures (such as an ice pack) will be administered until I am contacted.

_____ Yes, my child may see the School Health Professional and receive the over-the-counter medications indicated below if deemed appropriate based on his/her presentation and symptoms. I have checked with his/her physician/pharmacist to verify the safety with other medication.

___ Acetaminophen (Tylenol) 325mg tablets (1 or 2)

___ Ibuprofen (Motrin/Advil) 200mg tablets (1 or 2)

___ Artificial tear solution

___ Benadryl antihistamine (for generalized allergic reaction) 25mg

___ Hydrocortisone cream (topical itching/rash)

___ Tums antacid

___ Cough Drops (menthol, i.e. Halls)

___ Triple antibiotic ointment

Parents/Guardians will be notified via email if the above checked medication(s) are administered.

MEDICATION HISTORY: Is your student allergic to any medication? _____ If yes, please list medicine(s) and type of reaction: _____

Does your student take any medication (either over-the-counter or prescription) on a regular basis? _____
If yes, please list: _____

Parent/Guardian Signature _____ Date _____