

EASTERN LEBANON COUNTY SCHOOL DISTRICT

180 Elco Drive, Myerstown, PA 17067
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<http://www.elcosd.org>

Amy J. Shoemaker, Ed.S., Director of Pupil Services

ANNUAL OTC MEDICATION PERMISSION FORM

Dear Parent/Guardian:

The following over the counter medications have been approved/recommended by the school physician to be dispensed, as needed, by the school/building nurse. A copy of the standing orders can be found on the District website under Nurse/Health Services; Medication Administration at School.

Please carefully review these non-prescription medications and check those items, or their generic substitutes, which may be used by the school/building nurse in the care of your child in accordance with the School District's standing physician's order.

If you provide permission below, each time that a dose of Tums, Acetaminophen, or Ibuprofen is given to your child, you will receive written notice. No more than one dose of these oral medications will be given to your child per day and no student will be administered more than ten doses per school year.

Indicate whether you give the school nurse permission to administer the following non-prescription medications by marking the appropriate box below:

Medication	YES I give my permission	I do NOT give my permission
Acetaminophen (e.g. Tylenol)		
Anbesol		
Antacid-12 years and older (e.g. Tums)		
Ibuprofen (e.g. Motrin or Advil)		

Unless marked "NO" the following medications will be administered as part of basic first aid treatment for your child.

	NO		NO
Anesthetic Swabs		Calamine/Caladryl Lotion	
Antibiotic Ointment		Cough drops/throat lozenges	
Artificial Tears		Hydrocortisone 1%	

Student Last Name: _____ First Name: _____ Middle: _____

Grade: _____

Parent/Guardian Signature: _____ Date: _____