



Central Dauphin School District

Student Health Services

OVER-THE-COUNTER (OTC) MEDICATIONS

The Central Dauphin School District has identified the below Over-the Counter (OTC) medications as the ONLY OTC medications permitted per district policy 210. Any and all other medication(s) not listed below must follow the procedures identified in the district's medication policy (Policy 210) before distribution can occur by a school district nurse. In order for a child to receive any of the below OTC medications in school, this form must be signed by the parent/guardian and all guidelines identified below must be followed. This information is required to be updated annually.

Nonprescription OTC medications will be given to students under the following conditions and with the written consent of the parent/guardian:

1. No OTC medication will be given to a student more than two (2) times during the school day, for more than four (4) consecutive school days, or on more than fifteen (15) occasions throughout the school year.
2. OTC medications intended for use over an extended period of time or across an entire school year must be accompanied by a doctor's order and follow the procedures identified in School Board Policy 210.
3. OTC medications listed below will be maintained and distributed by the school nurse.
4. The school nurse will notify the parent/guardian with any concerns regarding any of the below OTC medications as needed.
5. The school nurse may refuse distribution of any of the below OTC medications for medical reasons. The school nurse will notify the parent if such refusal does occur.

By my signature below I authorize the following OTC medications to be provided to:

(Student Name) _____

during the school day in accordance with guidelines set forth in this document. I understand that my authorization only applies to those OTC medications identified and approved on this document and all other forms of medications need to be managed in accordance with School District Policy 210.

Please check all that apply

Acetaminophen Calcium Carbonate (i.e. Tums) Ibuprofen

Student Name _____ Grade _____

Parent Signature _____ Date _____