University of Detroit Jesuit
High School and Academy

Over-the-Counter Medication Form

University of Detroit Jesuit High School and Academy recognizes its responsibility to its students, especially in times of an emergency. The school retains a health professional who is available for the care of students during school hours in the case of unexpected, non-chronic illness or injury. In the event that immediate medical attention of a true emergent nature is necessary, and one or both parents or a legal guardian cannot be immediately contacted, authorities of University of Detroit Jesuit High School are authorized to proceed with contacting emergency services and seeking emergency care as deemed appropriate.

It is recognized that minor symptoms may be experienced during the school day for which a student may present to the Health Office seeking assistance. Given a student is not allowed to be in possession of any medication on school grounds, the School Health Professional does have certain over-the-counter (OTC) medications in stock which can be administered if authorized by the parent/legal guardian.

Although the safety profile of the OTC medications is generally good, these medications are to be used with caution, in limited amounts and only when other non-pharmacological interventions are not practical or have failed to provide relief.

Before granting school permission to administer OTC medication, please check with your doctor/pharmacist that the medications below do not interact with any medications your son may already be taking.

Student's Last Name First Name DOB Grade

_____**No**, my son **may not be given** any OTC medications or options listed below. We/I understand that only non-pharmalogical interventions will be administered until I am contacted.

_____**Yes**, my son **may receive** the OTC medications indicated below if deemed appropriate based on his presentation/symptoms. I have checked with his physician/pharmacist as to verify the safety with his other medication(s).

____Acetaminophen (Tylenol) 325mg tablets (1 or 2)
____Ibuprofen (Motrin/Advil) 200mg tablets (1 or 2)
____Benadryl antihistamine (for generalized allergic reaction)25mg
____Tums antacid
____Cough Drops

Parent/Guardian Signature _____ Date _____