Mehlville School District
Individually Focused. Committed to All.

Authorization to Administer Over-the-Counter Medication
Middle/High School Students Only

Student Full Name:_____ Date of Birth:_____ Grade:_____

School Year:_____ School Site: _____

Parent/Guardian Name:_____

Phone Number(s):_____ (cell)_____ (work)_____ (home)

Mehlville School District's School Health Services, in collaboration with the District consulting physician, have agreed to the administration of certain over-the-counter (OTC) medications according to the physician's standing order. Listed below are the OTC medications that, based on professional nursing assessment and judgment, may be administered to students who have parental permission.

Our goal is to minimize both absenteeism and student discomfort while in the school setting and to maximize instructional time. Dosing of medication will be according to the package labeling based on age/weight. Some medications are listed by brand names to assist in recognition of the medication, although a comparable brand or generic equivalent may be stocked/used.

Please check (✓) which over-the-counter (OTC) medications you are approving below:

Oral Medications

- ☐ Acetaminophen (Tylenol) minor pain, fever reducer
- ☐ Ibuprofen (Advil/Motrin) minor pain, fever reducer
- ☐ Calcium Carbonate (Tums) for indigestion, upset stomach
- ☐ Throat Lozenge (Cough Drops) for cough or sore throat

Topical Medications

- ☐ Antiseptic Wipes
- ☐ Double Antibiotic Ointment/Bicitracin and Polymyxin for minor wounds or abrasions
- ☐ Caladryl (Calamine) for rashes, itching or insect bites
- ☐ Sting Kill (Benzocaine) for insect bites and stings

Eye Medications

- ☐ Eye wash solution for irrigation

I am the parent/legal guardian of the above-named student. I authorize the administration of the above checked (✓) medication(s) to my student and release Mehlville School District from responsibility of any adverse side effects related to the selected medication.

Parent/Guardian Signature:_____Date:_____