



OVER-THE-COUNTER MEDICATION FORM

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STUDENT INFORMATION

Student Name

Date of Birth

Grade/Teacher

Indication/Diagnosis

OTC MEDICATIONS SUPPLIED BY THE HEALTH OFFICE (supplied for 6-12th grade only)

Please check which medications that may be administered to your student throughout the school year. The Health Office has a standing doctor's order to administer the medications listed below to your child (as needed). The appropriate boxes must be checked and the form must be signed before medications can be administered. Pain relievers can be administered up to 3 times per week and no more than *ten times per year* by the nurse/health assistant. The use of as needed medication beyond that timeframe will require a student to self-carry or parent supplied medication in the health office. After each medication is administered, the health office staff may send an email during the school day.

☐ Acetaminophen (325 mg)

☐ Ibuprofen (200 mg)

☐ Antacid Tablet (TUMS)

☐ Cetirizine (Zyrtec) - For seasonal/environmental allergies

☐ Diphenhydramine (Benadryl) - For Anaphylaxis or severe allergies

☐ Cough Drops

OTC MEDICATION SUPPLIED BY PARENT/GUARDIAN: Dose, Route, Frequency, Time Start and End Date

☐ **Check for Self-Carry Medication (6th-12th grade only)**

Students may carry and administer over the counter medications with parent/guardian signature.

PARENT/GUARDIAN SIGNATURE (REQUIRED)

Parent/Guardian Print Name

Phone Number

Parent/Guardian Signature

Date