UNIFIED SCHOOL DISTRICT NO. 289

602 Walnut Street Wellsville, Kansas 66092-8323 Telephone 785-883-2388 Fax Number 785-883-4453

School Year: 20__ - 20__

Over The Counter Medication Authorization Form

Name of Student:	Grade:	_ School:	
Medication Allergies:			
Current Medications:			
Consent to Administer Over-the-Co	ounter Medication in the S	School Setting:	
I understand that the Registe <mark>red Nurse er</mark>	mployed by USD 289 must have	<mark>e written parent</mark> /gua	rdian consent
before any medication can be administer			
has previously had at least on <mark>e</mark> d <mark>ose of th</mark> who administers this medication to my ch			
and the Practice Act of the Kansas State B			-
adverse drug reaction suffered by the stu			
following over-the-counter medications d	<mark>luri</mark> ng this school year and for l	nis/her weight to be	obtained as
needed in order to calculate accu <mark>rate rec</mark>	ommended dosage:		
Acetaminophen-Generic Tyleno	ol Garage		
Ibuprofen-Generic Advil			
Benadryl			
Cough drops			
Antacids (Tums)			
Lotions, creams, ointments (Tr	iple Antibiotic Ointment, Calamine, I	Hydrocortisone, Baby lot	ion)
Other non-prescription medica	tions that are accompanied by a writ	ten request.	
All prescription medications require writ	ten permission of the parent/	guardian and physic	ian for
administration in the school setting. All o			
be kept in locked cabinets under the supe		_	
controlled substances on their person on unless the Self Administration release for	_	the disciplinary polic	ies of USD #289
uniess the Sell Autililistration release for	iii is oii liic.		
Printed Name of Parent/Guardian	Signature of Parent/Gua	 irdian	 Date
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Home of the Eagles