



# USD #210 Health Office

2018-2019 School Year

305 E. 6<sup>th</sup> Hugoton, KS 67951 620-544-4376

In accordance with the Guidelines for Medication Administration in Kansas Schools and K.A.R. 60-15-101 through 60-15-104 of the Kansas Nurse Practice Act please fill in the following form for your student to receive over-the-counter (OTC) medications at school. These OTC medications will only be administered at the written permission of the parent or physician and when the school nurse or delegated staff assesses the need for the use of the OTC medication. Any school employee who administers any OTC medication with written instructions from the Parent/Physician shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administration of OTC medication. Over-the counter medications such as Tylenol and Ibuprofen will be dealt with on an individual basis and a parent will be notified when a need arises.

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Please answer YES or NO to give consent for OTC medications only to be used when necessary:

**YES**

**NO**

- Triple antibiotic ointment (for cuts or scrapes)
- Hydrocortisone ointment (for insect bites, rashes)
- Orajel (for toothache, cold sore)
- Cough drop
- Refresh Lubricant eye drops (rewetting eye drops)

Please answer YES or NO if you would like to be notified when any of the above OTC medications are administered at school. We will send home a note unless otherwise indicated.

**YES**

**NO**

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I understand that any school employee who administers any OTC medication to my child in accordance with written instructions from the Parent and/or Physician shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such medication.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date