

## Parent Permission for Self-Administration “Occasional” Over-the-Counter Medication by RV High School Students

Student Name \_\_\_\_\_ School year \_\_\_\_\_ Grade \_\_\_\_\_

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased over-the-counter. This form is required before over-the-counter medications can be self administered by the student. Homeopathic/herbal medications and aspirin will not be allowed.

### Please mark each medication for which you are giving permission

	Indications	Possible Side Effects
_____	Ibuprofen .....pain reliever/fever reducer..... (i.e. Advil, Motrin)	stomach upset
_____	Acetaminophen .....pain reliever/fever reducer..... (Tylenol)	none significant if given per manufacturer's label
_____	Antacid .....heartburn/stomach ache..... (i.e. Tums, Mylanta, Maalox)	constipation
_____	Antihistamine.....hay fever/allergies..... (i.e. Benadryl, Zyrtec, Claritin, Allegra)	drowsiness or excitability
_____	cough drops.....cough/throat irritation.....	none significant if given per manufacturer's label

Student is expected to supply his or her own over-the-counter medication in the original container. The student may keep the over-the-counter medication in his or her locker, book bag, purse or locker room locker/duffle bag. The student is not allowed to share the medication with other students. The health clinic may have supplies of the above for occasional use only. OTC medications will be given at the manufacturer’s recommended dosage.

### THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED BY MY STUDENT.

---

(Signature of Parent or Guardian)
(Date)

#### **MEDICATION HISTORY:**

Does your student have any allergies to any medications? \_\_\_\_\_ If yes, please list the medication and the reaction experienced:

---

Does your student take any OTC on a regular basis?

---