

USD #498

Parental Permission for Occasional Use of Over-the-Counter Medications  
2019-2020

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

There will be a limited supply of over-the-counter medications that can be used with written parental permission by the School Nurse when requested. The School Nurse will notify the parent/legal guardian when medication has been requested. Acetaminophen and Ibuprofen will be limited to 3 doses in one month's time. Any additional or increased usage will require parent's signature on a "Permission for Medication Administration" form along with sending the child's own supply in the original bottle. For any known chronic or frequent condition requiring regular administration of the medication listed here or for any other over-the-counter not listed (eye drops, etc.) the policy remains the same. Please refer to the student handbook for details.

\_\_\_\_\_ (initial) I give permission for the School Nurse or other school staff designated by the principal to administer the medication(s) noted. I certify that my child has been given at least one dose of any/all medications I have checked and there was no adverse reaction. I also understand that any designated school employee who administers this parent-prescribed medication to my child in accordance with labeled instructions shall not be liable for damages as a result of an adverse drug reaction suffered by the student or because of a mislabeled or altered product.

**CHECK ALL THAT APPLY:**

\_\_\_\_\_ **Acetaminophen** (generic Tylenol) given per label directions for headaches, minor aches/pain

\_\_\_\_\_ **Ibuprofen** (generic Advil, Motrin) given per label directions for headache, minor aches/pain

\_\_\_\_\_ **Antibiotic Ointment or Bacitracin Ointment** given topically for treatment of minor cuts or abrasions

\_\_\_\_\_ **Anti-Itch Lotion or Hydrocortisone ointment** (Calamine or Callergy) applied topically for minor cuts or abrasions

\_\_\_\_\_ **Anti-Fungal** ointment as needed for fungal skin irritation

\_\_\_\_\_ **Hibiclens** applied topically to clean minor cuts or abrasions

\_\_\_\_\_ **Generic Cough Drops**-Student will be allowed to have 2 cough drops x 3 days as needed for cough. **Please do not send cough drops with student**, school will provide.

Additional Instructions:

Information regarding health conditions will be shared with staff members on a "need to know basis" as determined by the administration and school nurse.

In the event of an emergency, every effort will be made to contact the parent(s) or legal guardian. Appropriate first aid measures and or/911 notification will be initiated as the situation warrants.

I give my permission for the school nurse to exchange immunization and/or health information for my child with physician's office, health department, and the KS immunization registration system..

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_