

**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

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