

Clearfield Area Junior-Senior High School

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School Nurse

Over-the-Counter Medication Permission Form

When deemed medically necessary, the Clearfield JR-SR High School Health office has a supply of over-the-counter medications to be given to students in order to improve their educational environment. There are standing orders from our school physician that provide guidelines for dispensing medications. Please understand that medical comfort measures may be given prior to any medication administration.

No over-the-counter medications on this list will be given without this signed consent form. This form must be submitted annually. Any prescription or over-the-counter medication not listed on this form must be sent to the school in the original container with written consent from the parent/guardian AND private physician signature.

Please checkmark below the over-the-counter medications that your child may receive if deemed medically necessary. If **not** marked and signed, we will not be able to administer over-the-counter medication to your child. **We are unable to accept verbal permission over the phone.** In signing this form the parent/guardian is releasing the Clearfield Area School District and its employees from any liability in the administration of medication. **Students will need to provide their own coughdrops and can keep them at the health center.**

_____ Acetaminophen (Tylenol)

_____ Midol

_____ Ibuprofen (Motrin)

_____ Visine

_____ Benadryl (for allergic reaction only)

_____ Cold medication (this must
be provided by the parent/guardian)

_____ Aleve

_____ Imodium for diarrhea

_____ Antacid for stomach upset

_____ Anbesol

Student Name _____

Grade _____

I have read and understand the above medication procedure including the possible comfort measures that may be given to my child.

Parent / Guardian Signature _____

Date _____

Phone number _____

Please list current medications your child is taking and any instructions for the school nurse below: