

# Lawrenceburg Community Schools

## Authorization to Administer Medications/Treatments

Student Name/Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

I grant permission for the school nurse or a delegated staff member to administer medication/treatment to my child at school. I understand that the school employee who administers these medications according to proper label or prescription instructions shall not be held liable for any adverse reactions to the medication administered.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Over the Counter Medications

Over the counter medications will be administered **sparingly** when indicated to make your child more comfortable and able to remain at school. Dosage will be administered according to your child's weight/age. Amount and frequency will be strictly adhered to according to the manufacturer's label. I give permission for the school to administer the following meds (please check below):

- \_\_\_\_\_ Acetaminophen (generic for Tylenol)
- \_\_\_\_\_ Ibuprofen (generic for Advil)
- \_\_\_\_\_ Bacitracin ointment (first aid ointment for signs of redness)
- \_\_\_\_\_ Diphenhydramine (Benadryl) \*for allergic reactions ONLY
- \_\_\_\_\_ Anti-itch topical analgesic cream
- \_\_\_\_\_ Clear eyes/Visine (redness/seasonal itching eye drops)
- \_\_\_\_\_ Cough drop
- \_\_\_\_\_ TUMS/TUMS Kids
- \_\_\_\_\_ Oral Analgesic ointment
- \_\_\_\_\_ I DO NOT wish for any over the counter medications to be administered at school

The medications listed above are the **only** medications that are kept in the clinic at school. If your child is in need of routine use of one of the above medications, please supply this medication to the clinic. All other medications your child may need during school hours must be sent in by the parent/guardian. The medication must be in the original box, labeled with child's name, and a note with instructions.

Non- prescription medications brought in from home (please list instructions for administering)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Prescription Medications

Prescription medications **must** come in a current pharmacy labeled container (current within the last 12 months). Notification to school staff of any changes in administration of prescription medication is the responsibility of the parent (time change, dosage change, discontinuation, etc).

Name of drug	Reason/Condition	Dosage	Time of administration
_____	_____	_____	_____
_____	_____	_____	_____