

Nonprescription Medication Administration Form 2023-2024

Student Name _____ DOB _____ Age _____ Grade _____

Current Medications: _____

School Nurses may give nonprescription medications with parental permission. The following guidelines need to be followed.

1. The school nurse must assess the child's complaint & symptoms to determine if other measures can be used before medication is given.
2. The school nurse must be notified of any allergies (especially to medications) your child has, any medical conditions your child has, and if there are any medications your child takes on a regular basis.
3. All medications sent to the school must be in the original container (THIS IS THE LAW) with an additional form to be filled out.
4. Dosage and frequency of all medications given will be determined according to the package directions unless otherwise ordered with written approval provided by a physician or other qualified healthcare provider.

PLEASE LIST ALL KNOWN ALLERGIES (medication, food, environmental) and please write "NONE" if your child does not have any allergies: _____

*I give permission for the school nurse to give my child the following medications checked below as needed:
(Note: Medications/Treatments must be checked for your child to receive them.)*

- ___ Tylenol/Acetaminophen for fever or pain
- ___ Advil/Ibuprofen/Motrin for fever or pain
- ___ Benadryl or generic brand for allergic reaction or seasonal allergies
- ___ Tums for stomach upset
- ___ Pepto-Bismol for stomach upset
- ___ Vicks Vaporub for nasal congestion
- ___ Cough drops for throat and cough
- ___ Orajel or other generic brand for toothache or mouth pain
- ___ Vaseline or Aquaphor for dry or chapped lips/skin
- ___ Sterile eye wash/Visine for irritation
- ___ Topical ointments (Neosporin/Hydrocortisone/Calamine) for anti-itch/sting, antifungal, antibacterial

I have read and agree to the above section and give my authorization for the school nurse to administer ONLY the medications I have checked above.

Parent/Guardian Signature

Date

If you DO NOT want the school nurse to administer any medications, unless you are notified first, please initial here _____ and sign below.

Parent/Guardian Signature

Phone Number

Date