JENNINGS SCHOOL DISTRICT

PARENT PERMISSION FOR THE ADMINISTRATION OF OVER-THE-COUNTER MEDICTION

Listed below are nonprescription medication that the nurses can give to students only with parent permission. We hope that using these medications, as needed, will reduce both absenteeism and student discomfort while in school. If a student needs routine medications, other arrangements should be made. Medications will be given in age/weight appropriate doses. You will be informed if nonprescription medications are given to your child.

Acetaminophen (Tylenol) for headache and fever
Ibuprofen (advil, Motrin) for muscle aches and pains, cramps, sinus pain, fever or headache
Loratadine (Claritin) for allergies and sinus
Tolnafatate or Clotrimazole as an antifungal for skin itch and rash
Calamine or Caladryl Lotion (or generic) for itchy rash (not to be applied around the eyes)
Benadryl (Diphenhydramine HCL) for allergy symptoms
Topical antibiotic ointment for minor cuts and scrapes
Topical Hydrocortisone Cream for minor skin irritation and rashes (not to be used on the face)
Abreva for cold sores or lesions on face or lips
Tums for stomach upset (high school students only)
Throat lozenges for cough or sore throat (high school students only)

Please fill out this form, giving your permission for your child to get these medications if needed. It will become a part of his or her health file. **If you do not want a certain medication given to your child, cross out the name of the medication on the list above. No nonprescription medication will be given to students whose parents do not complete and return this form.**

PLEASE PRINT:

- Child's Name _____ DOB: _____
- Allergies_____
- Age_____ Grade_____ School_____
- Phone: _____ Emergency Phone: _____

Printed name of Parent or guardian signing this form: _____

As the parent or legal guardian of the above named child, I give permission for the school nurses/nurse, practitioner/physician associated with the school district to give the above named nonprescription medications to my child for the conditions indicated **(except for any that I have crossed out.)** This will be effective for the 2017-2018 school year.

_____ _____

Parent/Guardian Signature Date