

## CONSENT TO ADMINISTER OVER-THE-COUNTER MEDICATION IN SCHOOL

In order for over-the-counter (OTC) medication to be given to your child during school, this form needs to be completed by the child's parent or legal guardian. Return the completed form to your child's school nurse.

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Rm # \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____	Parent/Guardian Name _____
Tel # (H) _____	Tel # (H) _____
(C) _____	(C) _____
(W) _____	(W) _____
Email _____	Email _____

Other person(s) to be notified in case of medication emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### PARENT/GUARDIAN CONSENT


The school nurse has permission to give my child the following **over-the-counter (OTC) medications**:

- Acetaminophen (Same ingredient as TYLENOL)
- Ibuprofen (Same ingredient as ADVIL)


Please note, **only Registered Nurses** may administer OTC medications in school. If your child needs OTC medications regularly, please contact the school nurse for a medication plan.

I give permission to the school nurse to share relevant information with school staff as s/he determines appropriate for my child's health and safety.

- YES
- NO

	_____	_____	_____
	Parent/Guardian Signature	Please Print Name Here	Date

----- For Clinical / Office Use Only -----

	_____	_____	_____
	Nurse Signature	Please Print Name Here	Date