



OVER-THE-COUNTER MEDICATION PERMISSION/RECORD (Elementary Schools)

School Year \_\_\_\_\_/\_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

In case of minor injury or illness during the school day, I authorize the school nurse to be my agent to give my child the dosage of medication(s) listed based on weight/age and given in compliance with manufacturer's recommended dosage label. I understand that alternate methods of care will be used before medication is given (i.e., eating lunch, resting, etc.).

I further understand that if my child needs other medication(s) for an extended period of time or for a chronic health condition, I must supply the medication(s) in its original pharmacy container and complete a separate medication permission form for each medication.

I agree to, and do hereby hold the district and its employees harmless from any and all claims, demands, causes of actions, liability, or loss of any sort, because of or arising out of acts or omissions with respect to this medication.

Administration of any of the following medications is at the professional discretion of the school nurse and may only be administered by the school nurse or a qualified substitute nurse.

PLEASE CHECK [X] THE MEDICATIONS YOU ARE AUTHORIZING FOR ADMINISTRATION Medication(s) supplied by parent/guardian must be in its original prepackaged container.

- Tylenol (Acetaminophen)
Benadryl (Diphenhydramine)
Motrin/Advil (Ibuprofen)
Caladryl Lotion
Calamine Lotion
Hydrocortisone Cream
Cough Drops (2nd - 6th grades only)
Benzocaine (Orajel)

ISE-HS-003 ENG (Elem) (Rev 03/2018) Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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**OVER-THE-COUNTER MEDICATION PERMISSION/RECORD (Elementary Schools)**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

OTC Medication Given	Date	Time	Given By	OTC Medication Given	Date	Time	Given By

Nurse's Signature \_\_\_\_\_ Initials \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Student Name \_\_\_\_\_ Grade \_\_\_\_\_

OTC Medication Given	Date	Time	Given By	OTC Medication Given	Date	Time	Given By

Nurse's Signature \_\_\_\_\_ Initials \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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