

**ELKINS MIDDLE/HIGH SCHOOL**  
**Over the Counter Medication Permission Form**

**Student Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_  
**Students Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Medication Allergies:** \_\_\_\_\_  
**Medication your child takes on a regular basis:** \_\_\_\_\_

The over the counter medication policy is that a nurse or her designee will give your child the medications listed below to them during the hours of 9:00am and 2:00pm. If your child requires to be medicated more than once in a school day or develops a pattern of requiring frequent medication the parent or guardian will be notified. We will also contact you if your child has any degree of temperature.

**PLEASE CHECK ANY OF THE FOLLOWING OVER THE COUNTER MEDICATIONS YOU WISH TO BE MADE AVAILABLE TO YOUR CHILD DURING THE SCHOOL DAY.**

**For headache/muscle aches or pain without an accompanying fever:**

\_\_\_\_\_ Acetaminophen (like Tylenol) 325mg or 80mg children's chewable according to dosage directions

\_\_\_\_\_ Ibuprofen (like Motrin) 200mg or 100mg children's chewable according to dosage directions

**For upset stomach without an accompanying fever:**

\_\_\_\_\_ Antacid tablets (like Tums) 1 or 2 tablets

\_\_\_\_\_ Bismuth Subsalicylate (like Pepto-Bismol) 1 or 2 tablets

I understand that only the above medications I have checked will be administered by the school nurse, or her designee, in accordance with school policy.

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent/guardian signature**

**Parent/guardian:** \_\_\_\_\_ **home phone:** \_\_\_\_\_

**Father's work #:** \_\_\_\_\_ **mother's work #:** \_\_\_\_\_

**Emergency contact other than parents:** \_\_\_\_\_

**Daytime #:** \_\_\_\_\_ **cell phone:** \_\_\_\_\_