



USD #449



# Over-the-Counter Medication Permission Form

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Permission for the administrations of over-the-counter medications during school attendance.**

I give my permission for authorized school personnel to administer over-the-counter medications/treatments to the above named student for minor discomforts and injuries. I understand that these medications will NOT be given for fever.

**Please initial all of the following to allow authorized personnel to give:**

\_\_\_\_\_ Neosporin/Triple antibiotic ointment equivalent

\_\_\_\_\_ Cough drops

\_\_\_\_\_ Acetaminophen (equivalent for Tylenol)

\_\_\_\_\_ Ibuprofen\* (Advil, Motrin or equivalent)

*\*Students under age 12 will only be given junior strength ibuprofen. This will not be supplied by the district.*

**Note:** Stock bottles of acetaminophen, regular ibuprofen and cough drops are provided in each building. If students bring any over-the-counter medication (including junior strength ibuprofen) from home, it must be in the original container and clearly labeled with the child's name. The school district no longer stocks junior strength ibuprofen for students.

I understand that any school employee who administers any of the above medications, in accordance with the prescription and/or over the counter directions, to my student shall not be liable for damages as a result of an adverse reaction suffered by the student due to this administration. **I further acknowledge that the above student has taken the medication(s) previously (or the initial dosage) and has experienced no adverse reactions.**

Parent/legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_