STATE COLLEGE AREA SCHOOL DISTRICT

**LEARNING ENRICHMENT AND STUDENT SERVICES HEALTH SERVICES**

# PARENTAL REQUEST FOR ADMINISTRATION OF OVER THE COUNTER MEDICATIONS WHILE AT SCHOOL

The certified school nurse or other licensed healthcare professional may administer the following over the counter medications to students during school. The following medications will not be administered at school without this form on file in the Nurse’s Office. This consent covers occasional use only and medications will be given at the nurse’s discretion. Any student who requires any of the listed medications daily or on a regular basis will need a medical consent form from their physician. **A new form must be completed every year.**

***Complete this portion by checking the over the counter medications(s) that your student may receive while at school: -***

***\_\_\_\_\_1. Bacitracin antibiotic ointment***

***\_\_\_\_\_2. Calamine***

***\_\_\_\_\_3. Hydrocortisone 1% cream***

***\_\_\_\_\_4. Mentholyptus cough drops***

***\_\_\_\_\_5. Aloe Vera lotion***

***\_\_\_\_6. Acetaminophen 325mg*** ☐ ***1 tablet or*** ☐ ***2 tablets every 4 hours as needed***

***\_\_\_\_\_7. Ibuprofen 200mg*** ☐ ***1 tablet or*** ☐ ***2 tablets every 6 hours as needed***

***\_\_\_\_\_ 8. Tums*** ☐ ***1 tablet or*** ☐ ***2 tablets every 4 hours as needed***

*My child may take the medication specified above. The school nurse or other licensed healthcare professional has my permission to dispense this medication to my child. As parents/guardians of the child named below, I/we release the State College Area School District and its employees or agents from any and all liability for any injuries my child may suffer as a result of this request.*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_***

***(Student’s Name) (School) (Grade)***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_***

***(Parent /Guardian Signature) (Date)***

 HS 27b OTC Second.

 6/15