



Annual Student Medication Consent Form

St Mary's School Health Services can administer certain over-the-counter (OTC) medications with this signed parental/guardian consent form on file. Listed below are the OTC medications that, based on your child's complaint, can be administered. Our goal is to minimize student discomfort while in the school setting and to maximize learning time. Dosing of medication will be according to the package labeling based on age/weight.

Some medications are listed by brand names to assist in recognition of the medication, although a comparable brand or generic equivalent may be stocked/used.

You will still receive a phone call from the school prior to medication administration to inform you of child's complaint and to obtain a verbal consent to administer medication. Please check the box indicating which medications you are approving.

Oral Medications

A student will only be allowed 1 dose per day for a maximum of 3 days. If student requires further OTC medication, it must be provided along with a doctor's order.

- Acetaminophen (Tylenol) for minor pain. 325mg per tablet*. One or Two every 4 hours.
- Ibuprofen (Advil/Motrin) for minor pain. 200mg per tablet*. One or Two every 6 hours.
- Calcium Carbonate (Tums) for Indigestion, upset stomach. 2 tablets.
- Throat lozenge/Cough Drops for sore throat or cough.

Topical (applied to the skin) Medications

- Sunscreen
- Insect Repellant
- Triple Antibiotic Ointment/Bacitracin for minor wounds/abrasions.
- Calamine lotion for rashes, itching or insect bites.
- Benzocaine for insect bites & stings.

Other

Please include the OTC medication name and indication for administration.

CONSENT

Parental approval to use standing orders for above indicated OTC medications to allow for efficient treatment of student's minor health issues and their prompt return to their classroom.

I give my permission for the nurse or trained designee to administer appropriate medications (as check marked above) for my child's minor illness, injuries or complaints of discomfort according to the package indications and dosing instructions. **Verbal consent will be obtained prior to the distribution of any oral medication administration.**

Printed Students Name: _____

Parent/Guardian Signature: _____

Date: _____

Please note this form must be signed for each school year