SSD PERMISSION FOR OVER THE COUNTER MEDICATIONS

Student's Name | Date of Birth | Allergies (List)

Parent's Name | ( ) Home Phone | ( ) Work Phone

I give my permission for the Special School District nurse to administer over-the-counter medications as prescribed by the Special School District medical consultant to my son/daughter for minor complaints such as headache, stomach ache, menstrual cramps and muscle pain. These are the only over the counter medications that will be given at school without a physician's authorization. Students will not be allowed to carry these medications. Please circle each medication you would want your son/daughter to have at school.

1. These medications are to be used on a first aid/acute care/emergency basis. Students requiring daily or frequent medications should have the Special School District medication form completed by their primary care physician to receive the necessary medication at school.

2. Only one dose of an "as needed" medication will be administered during any school day. If symptoms are not relieved, parents will be notified.

3. The school will notify parent in advance, when possible, that medication is to be given so parents are aware of their son/daughter's complaint.

5. This consent form is for one school year and will be reviewed each year.

Drug Name	Permitted Age	Parent Permission to Give(Circle one)	
Tylenol/Acetaminophen	3 to 21 years	Yes	No
Bacitracin/Neosporin/Triple Antibiotic	3 to 21 years	Yes	No
Benadryl/Diphenhydramine (for minor allergic reactions only)	3 to 21 years	Yes	No
Buffered Saline/Eye Wash	3 to 21 years	Yes	No
Halls/Cough drop	10 to 21 years	Yes	No
Tums/Calcium Carbonate tabs	10 to 21 years	Yes	No
Motrin/Ibuprofen	10 to 21 years	Yes	No
Sting Kill (Benzocaine 20% Isopropanol 15% Menthol 1%)	10 to 21 years	Yes	No

X X

Parent/Guardian Signature | Date

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