OVER-THE-COUNTER ADMINISTRATION PERMISSION

Student’s Name__________________________________________ Grade___________

Allergies__________________________________________________________________________

I give the school nurse permission to administer the following medications to my child when needed. (Please write yes or no after each medication):

Ibuprofen________

Acetaminophen_______

Tums_______________

I will notify the school nurse if for any reason my child should not take any of these medications in the future.

__________________________________________                                    ______________________________
Parent/Guardian Signature                                                      Date

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Per state guidelines, parents/guardians are encouraged to administer medication at home whenever possible. Medications should be administered in school only when necessary for the health and safety of the student.

If your child does require additional over-the-counter medication while in school, please obtain a medication order form from the scvths.org web site for your doctor to complete and for you to sign. The parent/guardian must provide the medication in the original container.