

# 2007-2008 Medication Consent

Student's Name \_\_\_\_\_ 2007-08 Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

The Health Department requires a parental signature for medication administration. As the school nurse, with your permission, I will administer certain medications on an "as need" basis that are stocked in the clinic. Medications will not be administered without parental consent.

Please complete and sign the form below designating the medications you may request to be administered by the school nurse or individual designated by the school nurse. Written consent on file will allow legal administration of over-the-counter medications in your absence. This consent form will be in effect for the current school and will be renewed ANNUALLY.

Allergies \_\_\_\_\_

Chronic Medical Conditions \_\_\_\_\_

\_\_\_\_\_

Daily Medications \_\_\_\_\_

\_\_\_\_\_

During school hours the school nurse, or individual designated by the school nurse, has my permission to administer any of the checked medications below that I have requested for \_\_\_\_\_ (Name of Student).

**Please place an X beside the medications you request to be administered when needed:**

- |  |   |
|--|---|
| <input type="checkbox"/> Tylenol (Acetaminophen)       | <input type="checkbox"/> Antibiotic ointment            |
| <input type="checkbox"/> Motrin (Ibuprofen)            | <input type="checkbox"/> Tussin DM for cough            |
| <input type="checkbox"/> Mylanta for stomach upset     | <input type="checkbox"/> Benadryl for allergy symptoms  |
| <input type="checkbox"/> Tums for stomach upset        | <input type="checkbox"/> Sudafed for nasal congestion   |
| <input type="checkbox"/> Hydrocortisone 1% for itching | <input type="checkbox"/> Cough drop for ages 7 and over |
| <input type="checkbox"/> Caladryl Clear for itching    |   |
| <input type="checkbox"/> Other _____                   |   |

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Numbers: Mother home \_\_\_\_\_ Father home \_\_\_\_\_

Mother day \_\_\_\_\_ Father day \_\_\_\_\_

Mother cell \_\_\_\_\_ Father cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Other Numbers \_\_\_\_\_