



MONOMOY REGIONAL SCHOOL DISTRICT
School Health Services

Permission to Administer Over-the-Counter Medication

NAME _____ SEX _____
Last First Middle Name DOB _____

Allergies (food, bee stings/insects, medications) YES _____ NO _____ Please Explain _____
Epi Pen or other medication needed _____

For students **12 years and older** and with parent permission, the school nurse may, as a result of a nursing assessment, administer ibuprofen (e.g. Advil, Motrin) or acetaminophen (e.g. Tylenol) for pain/discomfort, Calcium Carbonate (e.g. Tums) for heartburn/upset stomach, and diphenhydramine (e.g. Benadryl) for minor, non life-threatening signs of allergic reaction (hives, localized itching, and/or rash). Although it is preferable that an individual order from the student's health care provider is on file in the nurse's office, use of the District's Standing Order for the above medications is an option for a *limited* number of medication administrations.

Note: students who receive acetaminophen or ibuprofen **in excess** of the recommended doses, or who are under the age of 12 years, require a signed Medication-Specific Parent Consent and a Provider Medication Order Form.

___ Tylenol/Acetaminophen 325mg ___ 1 tablet ___ 2 tablets
___ Advil/ Ibuprofen 200mg ___ 1 tablet ___ 2 tablets
___ Tums/ Calcium Carbonate ___ 1 tablet ___ 2 tablets
___ Benadryl/ Diphenhydramine 25mg ___ 1 tablet ___ 2 tablets

Parental Releases:

1. By signing below I give consent for medication administration to my child for the above checked over-the-counter medication.
2. By signing below I grant permission for the School Nurse to share information relevant to my child's health condition with appropriate school personnel on a need to know basis to ensure my child's health and safety needs.
3. I grant permission for the school nurse to exchange information with my child's healthcare provider. All information will be kept strictly confidential and used only to provide appropriate individualized healthcare services for my child while in school or school related activity.
4. By signing below, I understand that in case of illness or injury to my child, the school will make every effort to notify me or the emergency contact on file with the school. In the event that emergency medical care is necessary, I grant permission for emergency medical services to be initiated for my son/daughter.

Signature of Parent/Guardian _____ Date _____