

**OVER-THE-COUNTER MEDICATIONS (OTC)
PARENT PERMISSION FORM**

The school nurse for JFK and Lincoln school district #99 is authorized to administer the following over-the-counter medications during the school day:

- THROAT LOZENGE**—for irritated/sore throat
- IBUPROFEN (Advil/ Motrin)**—for headaches, body aches or menstrual cramps
- ACETAMINOPHEN (Tylenol)**—for headaches, body aches, or menstrual cramps
- TUMS/MAALOX** –for upset stomach or indigestion
- COUGH DROPS**—irritated cough/irritated throat

To assure safe administration of OTC medications to students during the school day, the school nurse will:

- * Assess the student’s condition, current medication profile, history of allergies and evaluate the need for medication.
- * Review the signed parent permission form, which is valid for one school year.
- * Call the parent/guardian to confirm, when necessary, the time of the last dose given.
- * Administer the correct dosage according to the physician’s written protocols.
- * Document the medication administration in the health office visit log.
- * Contact parent/guardians who have requested notification following OTC medication administration during the school day.
- * Parents will bring a supply of the OTC medication in the original package to be kept in the nurse’s office and are responsible to keep an appropriate quantity at school.

I give my consent to the school nurse to administer the following medications as needed during the school day.

Please circle all that apply , dose and frequency

IBUPROFEN ACETAMINOPHEN TUMS/MAALOX

COUGH DROPS CHLOROSEPTIC/THROAT LOZENGE

Student’s name: _____ DOB: _____

Parents’ Signature: _____ Date: _____

Parent’s Phone Numbers:
(wk) _____ (cell) _____ (home) _____

Please notify me when OTC medication is administered to my child during the school day.

Yes _____ No _____ Email _____ Phone _____

Email address _____