



Written Parent/Guardian Consent for OTC Medication Administration Plan

School year _____

Student LAST NAME: _____ FIRST: _____ Date of Birth _____

School: TMHS WMS RYAN CENTER DEW HB Grade: _____ Sex: M F NB

Name of Parent/Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Other person, if any that can be reached in case of emergency if parent is unavailable:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Please list any medication your child is currently taking, if not in violation of confidentiality:

1. _____ 2. _____ 3. _____ 4. _____

Please list any allergies your child may have to medications:

I give permission to have the school nurse or school personnel (designated by the school nurse) to give the following OTC (over the counter) medicine as prescribed by School Physician to the above named child:

Please initial your choices:

- _____ Stock Acetaminophen (Tylenol) per wt chart below for pain or fever: Possible side effects: Rash, skin reactions, severe liver damage with high doses
- _____ Stock Ibuprofen 200-400 mg for headache/ pain or menstrual cramps: Possible side effects: GI upset, rash, increased bleeding

Specific directions i.e.; times: a student may not receive more than one dose per school day unless specifically ordered by their own PCP. A student may not use this medication more than three days in a row unless specifically ordered by their own PCP.

For Acetaminophen:

- Weight:24-35 lbs/ Dose:160 mg.
- Weight:36-47 lbs/ Dose:240 mg.
- Weight:48-59 lbs/ Dose:320 mg.
- Weight:60-71 lbs/ Dose:400 mg.
- Weight:72-95 lbs/ Dose:480 mg.
- Weight:> 95 lbs/ Dose:650 mg.

Criteria:

- Storage requirement: dry, locked cabinet
- Delegated to (if applicable) for field trips: n/a
- Medication administration will occur in the Health Room
- Any chronic use will be reported to MD &/or parent.
- Plans to teach self administration (if applicable):
- Monitoring of effectiveness: Student will be instructed to return to Health office if symptom(s) do not improve

Signature of Parent/Guardian _____ Date _____