

Student Name _____ Date of Birth _____

Grade _____ Weight _____

OVER THE COUNTER MEDICATION ADMINISTRATION 2022-2023 SCHOOL YEAR

As this student's parent/guardian, I give permission for my child to receive the following standing order for over the counter (OTC) medications during the school day as needed for comfort measures.

- I understand that only the OTC medications on this form will be administered as needed according to my child's age/weight as stated on the OTC label.
- I understand that if my child is prescribed a dosage outside standard dosing, I will provide an Administration of Medication form signed by the health care provider, along with the medication.
- I agree that if my child needs frequent OTC medications, I will provide that medication for my child upon request.
- I agree to hold harmless the staff and their designated representatives of St. Andrew-St. Elizabeth Ann Seton Catholic School from all claims as a result of any and all acts performed under this authority.
- I will inform the school if there is a change in any of this information.

MEDICATION WILL BE PROVIDED FOR THE FOLLOWING:

Circle Yes or No for consent for each medication listed

Acetaminophen (Tylenol) for headache, menstrual cramps or minor pain	YES	NO
Ibuprofen for headache, menstrual cramps or minor pain	YES	NO
Cough drops for sore throat or cough	YES	NO
Anti-itch lotion or cream	YES	NO

Allergies to any medications? No Yes, allergic to

How can we reach you?

_____ Home Phone

_____ Work Phone

_____ Cell Phone

_____ Parent Name (printed)

_____ Parent Signature