



FROM THE SCHOOL NURSE

POLICY FOR OVER THE COUNTER MEDICATION IN SCHOOL

Over the counter medications listed on the health form will be dispensed ONLY if BOTH the medical provider and the parent/guardian have signed and dated the form. We will not dispense over the counter medication without the signed consent . If you do not wish for your child to receive over the counter medication at school please sign the form and mark the line that states “I do not want any medication given to my child at school”. A medical provider does NOT need to sign the form if over the counter medication will not be given at school.

We look forward to a happy and healthy year for all. Any questions please contact the Nurse at 410-427-4812 or nurse@theimmaculate.org.

IMMACULATE CONCEPTION SCHOOL

Phone: 410-427-4812 Fax: 410-427-4895

**CONSENT FOR ADMINISTRATION OF OVER THE COUNTER
MEDICATIONS**

Student's Name: _____ Grade : _____

Date of Birth: _____

Allergies: _____

Medication currently receiving: _____

Check if Yes

Medication

- _____ IBUPROFEN <12yrs as directed, >12yrs 200-400mg PO q4-6hr prn
- _____ ACETAMINOPHEN <12yrs as directed, >12yr 650-1000mg PO q4-6h prn
- _____ COUGH DROPS
- _____ BENADRYL 6-12yrs-12.5mgPO q4-6hr prn; >12yrs 25-50mg PO q4-6hprn
- _____ ANTACID TABLETS
- _____ ANTIBIOTIC OINTMENT
- _____ ANTI-ITCH LOTION or CREAM

_____ I DO NOT want any Medications given to my child at school.

Parent Signature: _____ Date: _____

Phone #: _____

DOCTOR'S Signature: _____ Office#: _____

Print Name: _____ Date: _____