**THIS FORM MUST BE RETURNED TO THE SCHOOL BY AUGUST 1, 2017**

**PRIOR TO THE START OF THE SCHOOL YEAR**

Dear Parents,

This medication form, approved by our Trustees, gives permission for the school nurse to administer to your child the following over the counter (OTC) medications during school hours - when it is deemed necessary.

\*\* Please check (✔) what medications you would like given.

If you wish to be called before any medication is given to your child, please check (✔) on the bottom of this form and give contact information.

\*\* All medications must be kept in the Wellness Office.  No student is permitted to have medication of any kind in his/her possession without prior authorization.

\*\* This completed form must include signature, printed name and date.

Thank you,

Roxane Blow, BSN, RN

Doane Academy School Nurse

I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to receive the following over the counter (OTC) medications (dosage: age/weight appropriate) during school hours, when deemed necessary.

\_\_\_\_\_\_\_ Aspirin free meds (i.e.: Tylenol, Motrin, Aleve) for minor pain, headaches, etc.

\_\_\_\_\_\_\_ Calcium Carbonate (i.e.: Tums) for upset stomach

\_\_\_\_\_\_\_ Antihistamine (OpCon-A) eye drops for seasonal allergies, itchy eyes

\_\_\_\_\_\_\_ Throat / Cough drops for minor sore throats and coughs

\_\_\_\_\_\_\_ Topical meds: Caladryl, Hydrocortisone cream, Benadryl cream, Afterbite swabs, &

 antibacterial ointment

\_\_\_\_\_\_\_ Please call me before any of the above medications are administered

1. Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prescription drugs WILL NOT be administered without written physician orders.**

Other over the counter medicines may be brought to school for the student’s use.  These medications must be kept in the Wellness Office AND clearly labeled with directions and student’s name.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian’s Signature         Print Name                     Date

03/2017