



## OVER-THE-COUNTER MEDICATION PERMISSION FORM

Student: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

As the parent/guardian of the above named student, I give permission for the school Nurse to administer the following over-the-counter medications.

Elementary age child: the school nurse/staff will make a reasonable effort at contacting the parent before giving any medication.

Middle/high school age students: The school nurse has permission to give the following *without* parental contact:

The school nurse has permission to give *only* the following:

### PLEASE CHECK ALL THAT APPLY

- My child **IS ALLERGIC** to the following medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- My child is **NOT ALLERGIC** to any medications.
- Acetaminophen (Tylenol) for pain or fever (dose based on child's weight)
- Ibuprofen (Advil) for pain or fever (dose based on child's weight)
- Chewable antacids (such as Tums) for upset stomach or heartburn
- Diphenhydramine (Benadryl) for allergic reactions
- The school nurse does **NOT** have permission to give any over-the-counter medications to my child.
- I give permission for the school nurse to access my child's immunization records from VacTrak (State of Alaska Public Health Online Program)

Please provide phone numbers for the nurse/staff to contact you: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_