

**Zion Lutheran School
Over The Counter Medication Consent Form**

Student Name _____ **Grade** _____

The policy for over the counter (OTC) medication administration at Zion Lutheran School has been updated according to the standards that are mandated by the Nurse Practice Act of Illinois. In the past, OTC medications were dispensed with only the parent's written permission. We will no longer be able to dispense OTC medications without the written consent of the parent/guardian **AND** the child's physician. There will be no exceptions. Below is an OTC form that gives permission from both you and your child's doctor to administer OTC medicines to him/her for occasional symptoms. It is the responsibility of the parent/guardian to send in the medication needed, only enough for 1-2 weeks at a time, in the original bottle clearly labeled with your child's name.

The policy for prescription medications remains the same. *Prescription medications that need to be given to the student during the school day must be accompanied by a signed Medication Authorization Form from the prescribing physician and be in the original container* (your pharmacist will give you a second, labeled container for school use if you request it.)

Please check the medications that you authorize employees of Zion Lutheran School to dispense to your child in your stead.

- | | |
|--|----------------|
| Acetaminophen (generic Tylenol) | Yes ___ No ___ |
| <ul style="list-style-type: none">• <12 years old, chewable tablets based upon weight/age• 12 years+, 1 tablet 325mg• Given for headache, earache, dental/orthodontic discomfort, menstrual cramps, follow-up of known, medically treated injuries,• NOT given in cases of head injury, abdominal pain, problems requiring immediate medical evaluation, or known hypersensitivity to the drug | |
| Ibuprofen (orally) headache, earache, dental discomfort, menstrual cramps | Yes ___ No ___ |
| Tums (orally) upset stomach | |
| Benadryl (orally) 12.5-50mg, according to weight for allergic reactions | Yes ___ No ___ |
| Triple Antibiotic Ointment (topically) to minor skin wounds for prevention of infection | Yes ___ No ___ |
| Caladryl or calamine lotion (topically) to rashes and minor skin irritations for itching | Yes ___ No ___ |
| Cough drops (orally) for minor throat discomfort and coughing | Yes ___ No ___ |
| Anbesol (topically) to gums, teeth, oral membrane for discomfort | Yes ___ No ___ |
| Midol (orally) menstrual cramps | Yes ___ No ___ |
| Allergy tablet (orally) allergy symptoms, runny nose, itchy, watery eyes | Yes ___ No ___ |
| Cold Medicine (orally) stuffy or runny nose, cough, head congestion | Yes ___ No ___ |

ALL OF THE ABOVE MEDICATIONS MAY BE GIVEN _____

Physician's Signature

Date

-----TURN OVER-----

TO ENSURE THE SAFETY OF ALL STUDENTS, NO MEDICATION MAY BE KEPT IN A STUDENT'S POSSESSION DURING THE SCHOOL DAY EXCEPT FOR INHALERS (for asthma) AND EPI-PENS(for severe allergic reactions).

- A written physician's and parent's consent for inhalers and Epi-pens must be on file in the school office and the student must demonstrate his or her ability to self-administer.
- All medications other than those identified on the reverse side, including ibuprofen (generic Motrin or Advil) will be given only with written physician's and parent's consent; they must be provided by parent as below.
- All medications from home must be provided in the original container or in a duplicate, labeled container from the pharmacy. They will be stored in the main office.

I HEREBY GIVE CONSENT FOR MY CHILD, NAMED ON THE REVERSE SIDE, TO BE ADMINISTERED OVER THE COUNTER MEDICATIONS ACCORDING TO THE TERMS STATED ON THIS FORM.

Parent/Guardian Signature

Date

PLEASE LIST ANY RESTRICTIONS OR SPECIAL CONDITIONS RELATED TO THIS CONSENT:

