

# School District of Black River Falls – Middle and High School

## Permission to give Over-the-Counter medications

### STUDENT INFORMATION (TO BE FILLED OUT BY PARENT/GUARDIAN)

Student Name (last, first) \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Parent/ Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact's Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have allergies? Yes \_\_\_ No \_\_\_ If yes, please be specific on the back.

Does your child have health problems? Yes \_\_\_ No \_\_\_ If yes please be specific on the back.

Does your child take medications at home daily that would be in his/her system during the day? Yes \_\_\_ No \_\_\_ List \_\_\_\_\_

Other information the nurse should know in an emergency? \_\_\_\_\_  
\_\_\_\_\_

Do you give the Black River Falls School District/Nurse permission to give your child the following medications per manufacturer's instructions? (Circle Yes or No for the following over-the Counter medications you wish the school nurse and designee to follow.)

Yes No **Acetaminophen 325mg 1-2 tabs** as needed every 4-6 hours for pain or discomfort.

Yes No **Ibuprofen 200mg 1-2 tabs** as needed every 6 hours for pain or discomfort.

Yes No **Topical ointments (hydrocortisone, triple antibiotic, 1<sup>st</sup> Aid cream, etc).**

Yes No **Cough drops 1 cough drop** as needed for cough or sore throat. Maximum of 3 per day.

**Other over-the-counter medication** (to be supplied by parent):

**Medication** \_\_\_\_\_ **Dose** \_\_\_\_\_ **Frequency** \_\_\_\_\_

**Reason** \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\* To give any prescription medications we need the Prescription Medication Form completed by physician and parent and medicine supplied in a properly labeled container. Any over the counter medications requested to be given in doses that exceed the above dosing will require a Prescription Medication Form and a physician's signature.

\*\* All medications, over the counter or prescription, need to be brought in by an adult and NOT sent with the student. Only students with severe medical conditions who have "consent to carry" forms filled out by a physician are allowed to carry any type of medication in school.