Calhoun County Public Schools '17-'18 Over the Counter Medication Administration Permission Form

Student Name	DOB:
make every atte significant vom student must ha be rendered.	by Public Schools stock commonly used Over the Counter (OTC) medications in the health room. The cons will be given as directed on the package and, only if deemed necessary by the school nurse. We we empt to keep your student in class and learning. However, anyone with fever of 100.0 or greater, niting, or diarrhea will be sent home. In order to receive any medications during the school year, a lave on file with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms before any services with the nurse completed Health History and OTC Medication forms have the nurse completed Health History and OTC Medication forms have the nurse completed Health History and OTC Medication f
Allergie	es:
school day. If II	ne medications you give permission for the school nurse to administer to your student during the medication is not initialed, it will not be given to your student. The generic brand will be used, when free to draw a line through medications you do not want given.
Paren	t/Guardian signature: Date:
PLEASE INITIAL BESIDE EACH ONE	Medications Available (Must be initialed in order to be administered to student!!)
	Acetaminophen (Tylenol) liquid, chewable, or tablets
	Antacid tablets (Tums)
	Antibiotic ointment (Neosporin or Bacitracin)
	Anti-fungal cream (Lamisil)
	(only for 12 years and older)
	Anti-itch cream (Benadryl cream, Sting relief pads)
-	Cough / Sore Throat drops
	(will dissolve in warm water for children under 8 years old)
	Eye Wash
	Guaifenesin DM (Robitussin DM)
	(Only for children 12 years and older) Thurrefen (Motrin) (Only for children 12 years and older)
	Ibuprofen (Motrin) (Only for children 12 years and older) MediQuik wound spray
	Muscle rub (Bengay)
	Mylanta (Maalox) (Only for 12 and older)
	Orajel
	Pseudoephedrine Hydrochloride (Sudafed nasal decongestant)
-	(Only for 6 years and older)
	Sore throat spray (Chloraseptic)
	Natural tears or Visine eye drops
Emergency	Medications (Only used in acute emergencies and Parent/Guardian will always be called!!)
	Benadryl liquid or tablets (only for acute allergic reactions)
	Epipen, when available (EMS will be called if used)

*****PLEASE SEE THE REVERSE SIDE OF THIS FORM FOR SCHOOL HEALTH HISTORY*****