Form D: 2018-2019

Archie R-V School District
MEDICATION CONSENT FORM

Student's Name _____ Grade _____

Dear Parents or Guardian,

In an effort to keep your child at school, standing orders by local physicians allow the school nurse or trained staff to give your child the below listed OTC medications with your written authorization. These can only be given ***once per day.*** **This form must be signed and on file in the health office for a student to receive the medication.** No OTC medications will be given before 11:00am in the effort to avoid over dosing if the child took medicine that morning. Label recommendations for appropriate indications for usage and dosage will be followed. Medications will be given for minor aches and pains, headaches, menstrual cramps, toothache / dental pain or stomachache.

Please X the medication(s) that you approve for your child to receive.

_____ Tylenol _____Ibuprofen _____ Tums

_____ Cough drop

_____ Other _____

Note: If a child demonstrates habitual usage of over the counter medications, a doctor's order may be requested to verify that ongoing symptoms have been evaluated and you will need to provide the medication.

Signature _____ Date _____