Student Name: _______________________________ Grade: ___________

MEDICATIONS PROVIDED DURING SCHOOL HOURS:

- Acetaminophen (Tylenol)
- Ibuprofen (Motrin)
- Bacitracin Ointment
- Calamine Lotion
- Diphenhydramine (Benadryl)
- Tums (middle and high school students only)

IMPORTANT INFORMATION FOR PARENT/GUARDIAN:
Your written consent is required before your child is able to receive these medications at school. Please complete the entire form. By signing below, you acknowledge the following:

- You have received this information and agree that your child may safely take the recommended dose.
- The school nurse has the responsibility of approving your child’s use of these medications. In the case of a child with special health care needs, the school nurse may request authorization from his/her physician.
- A physician’s (or other licensed prescriber’s) authorization will be required if:
  - Your child requires more than 3 doses of acetaminophen, diphenhydramine, and/or ibuprofen in a 30 day period;
  - Your child requires more than 3 consecutive daily doses of Acetaminophen, diphenhydramine, and/or ibuprofen;
  - In the judgment of the school nurse your child is ill and not improving.
- ONLY the school nurse will administer/apply these medications.
- In the event your child is ill and school policies require exclusion/dismissal from school, your child will still be excluded/dismissed, regardless of the use of medication.
- This service is intended to help your child’s performance during the school day. The nurse will not administer medication within 30 minutes of dismissal except at his/her discretion.

I give permission to the school nurse to administer/apply the following medications to my child according to approved guidelines (check if you approve):

- Acetaminophen (Tylenol) ________
- Ibuprofen (Motrin) ________
- Bacitracin Ointment ________
- Calamine lotion ________
- Diphenhydramine (Benadryl) ________
- Tums ________ (middle and high school only)

Please complete the following:

- My child has taken acetaminophen (Tylenol) before without a problem: Yes ___ No ___
- My child has taken Ibuprofen (Motrin) before without a problem: Yes ___ No ___
- My child has used Bacitracin before without a problem: Yes ___ No ___
- My child has used Calamine lotion before without a problem: Yes ___ No ___
- My child has used Diphenhydramine (Benadryl) before without a problem: Yes ___ No ___
- My child has used Tums before without a problem: Yes ___ No ___

Please send home a note after my child receives any medication: Yes ___ No ___

Contact Name and Phone Number: ______________________________________________________

My child is taking other medications at this time: Yes ___ No ___ (please list) __________________________________________

Special instructions concerning my child: ____________________________________________________________

To the best of my knowledge, my child has no allergy/sensitivity to any of the above named products.

Parent/Guardian Signature: __________________________ Date: ____________________

Parental Consent OTC Meds Rev. DM 9/26/16
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