

## MEDICATION ADMINISTRATION RELEASE & PERMISSION TO TREAT

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please complete the following information and return this form to the front office.  
This information is confidential and will assist school personnel in meeting the health needs of your student.

**PRESCRIPTION & NONPRESCRIPTION MEDICATIONS NEEDED IN SCHOOL:**

- All Prescription Medication sent to school **MUST** be in the original container or box with included prescription label on the medication bottle/container itself.
- This label **MUST** include the NAME, DOSAGE INSTRUCTIONS, DOCTORS NAME, and DATE.
- All students with life-threatening allergies or asthma must have an annual doctor's order and parent permission on file for emergency medications, as well as an Asthma Action Care plan.

NAME OF MEDICATION	DOSAGE	TIMES TO BE TAKEN	REASON FOR MEDICATION

**Over the Counter Medications:** Medications listed below will be administered and dosed based on students weight and age.

- **Preschool - 6th grade students** - will always receive a call prior to administration of any over the counter medications at school.
- **Grades 7th and 8th** - This form serves as permission to administer over the counter medications listed below as needed at school.
  - 7th-8th ONLY -No phone call required for approval - Nurse Note will be sent home with student confirming administration time and dose.

MEDICATION	YES or NO	PREFERRED DOSING ADULT OR CHILDREN SPECIFY IF DIFFERENT FROM BOTTLE
<b>TYLENOL</b> Children's Liquid 160mg/5ml Children's Chewable Tab 160mg / 5ml Adult 325mg/tab		
<b>IBUPROFEN / ADVIL</b> Children's Liquid 100mg/5ml Children's Chewable Tab 100mg/tab Adult 200mg / tab		
<b>BENADRYL</b> Adult 25mg / tab Children's 12.5mg / 5ml		
TUMS Regular Strength 500mg Calcium Carbonate		
RICOLA COUGH DROPS		
GAS-X Simethicone 80mg / tab		

By signing below, I acknowledge and give permission to share any of the above information about my child's health with school personnel on need-to-know purposes for my child's ongoing safety at school. I also acknowledge and give permission for a Licensed (RN) or trained unlicensed school personnel (if RN is unavailable) to administer the above medications as per the health care provider's instruction and treatment of illness / injury. I give permission for any school personnel to provide emergency care for my child, including calling the rescue department as needed.

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