

THE SEVEN HILLS SCHOOL

Administration of Over-The-Counter Medication at School

(Guidelines for Administering Medications at School on reverse side)

In order for school personnel to administer **over-the-counter medications** to a student, the following information **must be on file and contain the written consent of a physician/licensed prescriber and parent.**

Name		DOB	
Address		Division	
Phone		Grade	

I refuse consent to the administration of OTC medications to my child at school.
 Parent/Guardian Signature _____ Date _____

TO BE COMPLETED BY THE STUDENT’S PHYSICIAN

Please check any of the following medications & preferred dose for each that may be given to the student while at school. These are the current stock medications available in the Nurses’ Offices.

Acetaminophen (ie. Tylenol) – PRN every 4 - 6 hours for minor discomfort associated with headache, fever or muscle pain

- | | |
|---|--|
| <input type="checkbox"/> 18-23 lbs./1-2 yrs. – 120mg. (3.75 ml) | <input type="checkbox"/> 60-71 lbs./9-10 yrs. – 400mg. (12.5 ml) |
| <input type="checkbox"/> 24-35 lbs./2-3 yrs. – 160mg. (5ml) | <input type="checkbox"/> 72-95 lbs./11 yrs. – 480mg. (15 ml) |
| <input type="checkbox"/> 36-47 lbs./4-5 yrs. – 240mg. (7.5ml) | <input type="checkbox"/> 96 lbs. & over/12 yrs. – 640mg. (20ml) |
| <input type="checkbox"/> 48-59 lbs./6-8 yrs. – 320mg. (10ml) | <input type="checkbox"/> Other – |

Possible side effects:

Ibuprofen (ie. Motrin, Advil) – PRN every 6 - 8 hours for minor discomfort associated with headache, fever or muscle pain – to be given with food

- | | |
|---|---|
| <input type="checkbox"/> 18-23 lbs./1-2 yrs. – 80mg. (4ml) | <input type="checkbox"/> 60-71 lbs./9-10 yrs. – 250mg. (12.5ml) |
| <input type="checkbox"/> 24-35 lbs./2-3 yrs. – 100mg. (5ml) | <input type="checkbox"/> 72-95 lbs./11 yrs. – 300mg. (15ml) |
| <input type="checkbox"/> 36-47 lbs./4-5 yrs. – 150mg. (7.5ml) | <input type="checkbox"/> 96 lbs. & over/12 yrs. – 400mg. (20ml) |
| <input type="checkbox"/> 48-59 lbs./6-8 yrs. – 200mg. (10ml) | <input type="checkbox"/> Other – |

Possible side effects:

Calcium carbonate USP 1,000 mg. (ie. Tums) – for upset stomachs, indigestion

- 1 – 2 chewable tablets once per day at school

Possible side effects:

First aid items:

- | | |
|--|---|
| <input type="checkbox"/> Triple antibiotic ointment for minor wounds | <input type="checkbox"/> Hydrocortisone cream for itching from insect bites, rashes |
| <input type="checkbox"/> Calamine lotion for itching from insect bites, rashes | <input type="checkbox"/> Opcon – A eye drops for itching, redness due to allergies |

Possible side effects:

Date to begin administration	Date to terminate administration
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Physician Name

Physician Phone #	Physician Emergency Phone #
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Physician Signature	Date
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Any over-the-counter medication must be in a topical or oral form. It must be in a clearly marked container containing the name and concentration of the medication.

TO BE COMPLETED BY PARENT OR GUARDIAN

The undersigned agrees not to file or make any claim against anyone for negligence in connection with the administration or non-administration of any medicines and further agrees to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines. **I am fully aware that requested medication may be, by necessity in the absence of the school nurse, self-administered under the supervision of medically unlicensed school personnel (OAC 4723-13-02).**
 I have read the Guidelines for Administering Medications at School and will abide by them. As required by law, I will submit a revised form if there are any changes to the above information. **I grant consent to administer OTC medications to my child at school.**

Parent/Guardian Signature	Date
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