



**ANNUAL STUDENT OTC MEDICATION CONSENT FORM  
(To be completed by parent/guardian)**

Mehlvil School District's School Health Services, in collaboration with the District's consulting physician, have agreed to the administration of certain over-the-counter (OTC) medications according to the physician's standing order. Listed below are the OTC medications that, based on professional nursing assessment and judgment, may be administered to students who have parental permission (see below for "Consent"). Our goal is to minimize both absenteeism and student discomfort while in the school setting and to maximize instructional time. Dosing of medication will be according to the package labeling based on age/weight. Some medications are listed by brand names to assist in recognition of the medication, although a comparable brand or generic equivalent may be stocked/used.

**\*Please check the box indicating which medications you are approving. Please indicate preferred dosage by circling the dosage.**

**Oral Medications:**

A student will only be allowed **1 dose per day** for a **maximum of 3 days**. If student requires further OTC medication, it must be provided along with a doctor's order.

- Acetaminophen (Tylenol) for minor pain, fever reducer. **325mg per tablet. One or Two every 4 hours.**
- Ibuprofen (Advil/Motrin) for minor pain, fever reducer. **200mg per tablet. One or Two every 6 hours.**
- Calcium Carbonate (Tums) for indigestion, upset stomach. 2 tablets.
- Throat lozenge/Cough Drops for cough or sore throat.

**Topical Medications:**

- Antiseptic Wipes
- Triple Antibiotic Ointment/Bactriban for minor wounds or abrasions
- Caladryl (Calamine) for rashes, itching or insect bites
- Sting Kill (benzocaine) for insect bites & stings

**Eye Medications:**

- Eye wash solution for irrigation

**CONSENT:**

Parental approval to use standing physician ordered medications to allow for efficient treatment of students minor health issues and their prompt return to the classroom setting.

I give my permission for the nurse or trained designee to administer appropriate standing physician ordered medications (as check marked above) for my child's minor illness, injuries or complaints of discomfort according to the package indications and dosing instructions. **Verbal consent will be obtained prior to the distribution of any oral medication distribution.** \*Again, please note, no medication will be given without written and verbal consent.

Printed Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_