



**PENNS VALLEY AREA SCHOOL DISTRICT
MEDICATION CONSENT FORM (OTC)**

The certified school nurse or other licensed healthcare professional may administer the following over the counter medications to students during school. The following medications will not be administered at school without this form on file in the Nurse’s Office. This consent covers occasional use only and medications will be given at the nurse’s discretion. If a student makes excessive requests for these medications, a parent/guardian will be notified. **Doctor’s orders are required for all prescription medications given at school as well as other over the counter medications that are not on this list. A new form must be completed every year.**

I give my permission for the certified school nurse or other licensed healthcare professional to give my student the medications that I have checked below:

- | | |
|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) for pain | <input type="checkbox"/> Cough drops for cough/sore throat |
| <input type="checkbox"/> Ibuprofen (Motrin or Advil) for pain | <input type="checkbox"/> Tums for upset stomach/indigestion |
| <input type="checkbox"/> Benadryl for itching/hives | <input type="checkbox"/> Calamine lotion for poison ivy/hives |
| <input type="checkbox"/> Bactine Spray for minor cuts/scratches | <input type="checkbox"/> Saline for contact lens cleaning |
| <input type="checkbox"/> Aloe lotion for burns | |

All dosages will be in accordance with age appropriate recommendations by Penns Valley Area School District’s Physician.

_____	_____	_____	_____
Student’s Name	Birth Date	School	Grade

_____	_____	_____	_____
Parent’s Signature	Home Phone	Work Phone	Date