

PERMISSION TO ADMINISTER OVER THE COUNTER STOCK MEDICATIONS

Student Name: _____ Date of Birth: _____ Grade: _____

School: _____ Teacher: _____

Please check one:

My child is NOT allergic to any medications

My child is allergic to the following medications: _____

List **ALL** medications that your child takes on a routine basis:

<u>MEDICATION</u>	<u>DOSE</u>	<u>TIMES TAKEN</u>	<u>PURPOSE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Please list any additional health information that the staff should be aware of:

- Please **check** all boxes below of the over the counter medication that your child **may have** during the school day or when participating in school activities or trips.
- Please list the symptoms (you may state “as needed” or choose a specific symptom such as headache, etc.) for which medication may be given.

- | | |
|---|---|
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Burn Gel/Pain Relief Spray |
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Anti-Itch Spray/Ointment |
| <input type="checkbox"/> Antibiotic Ointment | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> 1% Hydrocortisone Ointment | <input type="checkbox"/> Chewable Antacid |

I, the undersigned parent/guardian, hereby give permission to Greene County Schools staff to administer the checked medications according to the manufacturer’s recommendations to my child. I will notify the school nurse/staff of any medications given prior to their arrival at school. I also release Greene County Schools and its personnel from any legal claim they now have or may thereafter have arising from the administration of or failure to administer medication to the student. I will assume full responsibility for any side effects and complications that my child may have as a result of medications.

Parent/Guardian Signature: _____ **Date:** _____

**This is a voluntary program that requires a \$5 fee to cover the current school year