



# Happy Valley School

7140 W. Happy Valley Road  
Peoria, Arizona 85383  
(623) 376-2900 (623) 376-9030 – Fax  
[www.happyvalleyschool.org](http://www.happyvalleyschool.org)

★ Character ☆ Leadership ★ Academic Success

## CONSENT FOR OVER THE COUNTER MEDICATIONS 2021-2022 School Year

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

The school may dispense non-prescription medication on a **one-time basis** only with the verbal or written consent from parent/guardian. After the nurse administers one dose, parents/guardians will be required to provide the nurse with their own unopened, non-prescription medicine for their student in the event they require medication in the future. \*\*\*The school is not able to supply medications for frequent or daily use\*\*\*

\*\*\* Parents MUST deliver and pick up medication from school. Students may **NOT** bring in their own medications, keep any form of medication with them (to include cough drops) or self-medicate. Medications provided to the nurse (both prescription & over the counter) MUST be in its original container labeled with the student's name.

I give permission for the nurse to share medication information with my child's teacher:  
YES \_\_\_\_\_ NO \_\_\_\_\_

I give permission to the nurse or designated staff at Happy Valley School to dispense the following NON-PRESCRIPTION medication(s) as indicated. I release Happy Valley School from any liability if these approved medications given as directed, should cause any ill effect on my child. The medications dispensed will be what is listed below OR the generic equivalent.

### Please Check off each medication for which you are giving permission for

_____ Acetaminophen/Tylenol	_____ Hydrocortisone cream	_____ OTC Eye Drops
_____ Ibuprofen	_____ TUMS/Antacid	_____ Cough Medicine
_____ Benadryl/Allergy Relief	_____ Sunscreen	_____ Vaseline
_____ Benadryl Ointment	_____ Cough Drops/Throat Lozenges	_____ Aloe Gel/Lotion
_____ Childrens Claritin	_____ Salt Water gargle	_____ Calamine Lotion
_____ Pepto Bismol	_____ Antibiotic Ointment	_____ Oral Products(ora-jel, anbesol)

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