CONSENT FOR OVER THE COUNTER MEDICATIONS 2022-2023 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(orajel,anbesol)

Parent/Guardian Signature_____Date:_____