



Happy Valley School

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★ Character ☆ Leadership ★ Academic Success

CONSENT FOR OVER THE COUNTER MEDICATIONS 2024-2025 School Year

Student Name: _____ Teacher: _____

The school may dispense non- prescription medication on a **one-time basis** only with 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: _____