

**WORCESTER PUBLIC SCHOOLS**  
**DEPARTMENT OF NURSING**  
**Parent Consent to Administer Over the Counter Medication**  
**2017-2018**

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**MEDICATIONS PROVIDED DURING SCHOOL HOURS:**

- Acetaminophen (Tylenol)
- Ibuprofen (Motrin)
- Bacitracin Ointment
- Calamine Lotion
- Diphenhydramine (Benadryl)
- Tums **(middle and high school students only)**

**IMPORTANT INFORMATION FOR PARENT/GUARDIAN:**

Your written consent is required before your child is able to receive these medications at school. Please complete the entire form. By signing below, you acknowledge the following:

- You have received this information and agree that your child may safely take the recommended dose.
- The school nurse has the responsibility of approving your child's use of these medications. In the case of a child with special health care needs, the school nurse may request authorization from his/her physician.
- A physician's (or other licensed prescriber's) authorization will be required if:
  - Your child requires more than 3 doses of acetaminophen, diphenhydramine, and/or ibuprofen in a 30 day period;
  - Your child requires more than 3 consecutive daily doses of Acetaminophen, diphenhydramine, and/or ibuprofen;
  - In the judgment of the school nurse your child is ill and not improving.
- **ONLY** the school nurse will administer/apply these medications.
- In the event your child is ill and school policies require exclusion/dismissal from school, your child will still be excluded/dismissed, regardless of the use of medication.
- This service is intended to help your child's performance during the school day. The nurse will not administer medication within 30 minutes of dismissal except at his/her discretion.

I give permission to the school nurse to administer/apply the following medications to my child according to approved guidelines (check if you approve):

Acetaminophen (Tylenol) \_\_\_\_\_

Ibuprofen (Motrin) \_\_\_\_\_

Bacitracin Ointment \_\_\_\_\_

Calamine lotion \_\_\_\_\_

Diphenhydramine (Benadryl) \_\_\_\_\_

Tums \_\_\_\_\_ **(middle and high school only)**

**Please complete the following:**

My child has taken acetaminophen (Tylenol) before without a problem: Yes \_\_\_ No \_\_\_

My child has taken Ibuprofen (Motrin) before without a problem: Yes \_\_\_ No \_\_\_

My child has used Bacitracin before without a problem: Yes \_\_\_ No \_\_\_

My child has used Calamine lotion before without a problem: Yes \_\_\_ No \_\_\_

My child has used Diphenhydramine (Benadryl) before without a problem: Yes \_\_\_ No \_\_\_

My child has used Tums before without a problem: Yes \_\_\_ No \_\_\_

**Please send home a note after my child receives any medication: Yes \_\_\_ No \_\_\_**

**Contact Name and Phone Number:** \_\_\_\_\_

My child is taking other medications at this time: Yes \_\_\_ No \_\_\_ (please list) \_\_\_\_\_

Special instructions concerning my child: \_\_\_\_\_

**To the best of my knowledge, my child has no allergy/sensitivity to any of the above named products.**

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

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