

Form H-2D 2010-2011
Request for the Administration of Non-Prescription Medication
by School Personnel - DAY STUDENTS



Deadline: August 5, 2010

Name _____ DOB: _____ Grade: _____

Allergies

Commonly used non-prescription medications are listed below. These are to be administered as deemed necessary for minor illness and injuries at the discretion of the School Nurses and/or school personnel. It is understood that Andrews Osborne Academy and any of its personnel are absolved from any responsibility, which might be associated by the administration of any such medication. This consent will be active for the entire 2010-2011 academic year, unless otherwise specified by the parent/guardian.

Please mark ALL medications you grant consent for the administration to your child and sign the bottom of this form.

Physician signature is also required.

YES NO

[] [] **(Motrin/Advil)** Ibuprofen _____ for pain, fever every 4-6 hrs.
 dose 10-15mg/kg

[] [] **(Tylenol)** Acetaminophen _____ for pain, fever every 4-6 hrs.
 dose 10 mg/kg

[] [] **(Benadryl)** Diphenhydramine _____ for mild allergic reaction every 4-6 hrs.
 dose

[] [] **(Tums)** Calcium carbonate _____ for upset stomach.
 dose

[] [] Menthol-eucalyptus cough drops, as needed.

[] [] **(Neosporin/Bacitracin)** Triple antibiotic ointment for topical administration.

Child's weight _____

My child may also be given the following non-prescription item(s):

Exact dosage and directions must be included

If students are supplying their own medication, parents MUST transport medication to and from school, not students. Medication should be in its original container.

[] My child is NOT to be given any medication while at school.

I understand that all medication – both prescription and non-prescription, over-the-counter medications – will be held by the Health Center and will be dispensed according to direction by a member of the Andrews Osborne Academy staff. I also understand that students ARE NOT permitted to have any medications – prescription or non-prescription – in their possession with the exception of epi-pens or inhalers.

Parent/Guardian Signature*	Date
Physician Signature*	Date

*** Both Physician and Parent/Guardian signatures required for non-prescription medication administration.**