



**Oxford Community Schools**

**Parent/Guardian Permission for Over-The-Counter (OTC) Medication**

Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ School year \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_

Medication name \_\_\_\_\_ Dosage \_\_\_\_\_

Does this medication need to be taken with food?  YES  NO

For episodic use only  YES  NO (see guidelines on page 2 of this form)

Other directions \_\_\_\_\_

My child may determine when this OTC is appropriate & needed  YES  NO

My child would know to wait 4-6 hours before requesting this OTC if taken at home before school  YES  NO

If NO to either, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Parental Permission**

I have read the guidelines on page two of this form for the administration of over-the-counter medication at school. I give my permission for the above named medication (supplied by me) to be given by school staff as directed on this form.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*Signature*

Phone Number \_\_\_\_\_

**Guidelines for parents and school staff regarding over-the-counter (OTC) medication at school without an order from a physician/licensed prescriber:**

- All medication must be **in the original container** and unopened when delivered to school.
- **Write the exact dose** (amount of medication to be given, not a range) on side one of this form.
- **Write your child's name on the medicine bottle** or packaging without covering the label.
- **Only one medication per form.** You will need a separate form for every OTC medication.
- **Write the exact name of the medication** to be given on page one of this form.
- **Write the condition** for use (such as, headache or menstrual cramps.)
- **Aspirin will not be given** to students without a medical order on "Form A" due to its association with Rye's Syndrome.
- **Stomach pain** will not be treated with acetaminophen, ibuprofen or naproxen without a medical order on "Form A" due to lack of indication. Menstrual cramps are not stomach pain.
- **No OTC medication will be given frequently or for a prolonged period.** If your child is experiencing the need for frequent or regular administration of this OTC medication at school, you will be notified. To continue giving this OTC a physician/licensed prescriber order will be required. This is to help insure that a serious condition is not being ignored or a more appropriate treatment is not being overlooked.
- **If your child is sick** it is not appropriate to treat the symptoms at school. Medication may help briefly or reduce a fever, but he/she is still contagious and should be home.
- **Cough drops** are more like candy than medicine and have the potential to be a choking hazard. If your child's cough has become an issue, a medical professional should be consulted.
- **OTC Benadryl or other antihistamines** ordered for a potentially life threatening allergy must be ordered by a physician/licensed prescriber as part of the **Severe Allergy Medical Action Plan**.
- **Parent/guardian may order OTC antihistamines** for mild allergies only, such as hay fever.

**NOTE:**

- Side one of this form must be completed and signed by a parent/guardian.
- The very first dose of this medication may not be given at school.
- Unused medication may be picked up by a parent/guardian anytime before the end of the school year. Medication remaining after the last day of school will be properly discarded.

*Parents/guardians have the right to come to school and give medication to their child without an order form on file. However, all sick children should be home to help protect others.*

If you have questions regarding the guidelines above, please feel free to contact the school or call the school nurse coordinator at 248-379-0404.