

SCHOOL NURSE

Medication Consent Sheet

Queen of the Holy Rosary - Wca

I wish to be notified before giving my child any medication.

Parent Contact Info: Home Phone: _____
Work Phone: _____
Cell Phone: _____
Other Contact: _____

Child's Name: _____ has my permission to be administered the
(Last name) (First name)
following medications during the current school year.

NON-PRESCRIPTION MEDICATION

- | | |
|--|--|
| <input type="checkbox"/> Neosporin / Bacitracin | <input type="checkbox"/> Tums tablets |
| <input type="checkbox"/> Hydrocortisone cream | <input type="checkbox"/> Sudafed |
| <input type="checkbox"/> Calamine lotion | <input type="checkbox"/> Cough drops |
| <input type="checkbox"/> Acetaminophin (ex: Tylenol) | <input type="checkbox"/> Sepa-soothe lozenge-for sore throats. |
| <input type="checkbox"/> Ibuprofin (ex: Motrin, Advil) | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Other over-the-counter medication my child takes: _____ | |

* All medication will be dosed by the child's weight, or recommendation on the bottle unless otherwise specified by parent request.

PRESCRIPTION MEDICATION

- Inhaler: Medication: _____ (ex: Albuterol)
Dose to be given: _____ (ex: # of puffs)
Time of day to be given: _____
Reason for RX: _____
Possible Side Effects: _____
- Medication: _____
Dose to be given: _____
Time to be given: _____
Reason for Rx: _____
Possible Side Effects: _____

I understand that the nurse must have parent consent and a physician's order before prescription medication can be administered at school. I understand it is the parent's responsibility to furnish this medication in its original container with proper instructions for administration. I further understand that any school employee who administers this medication in accordance with written instruction from a physician, dentist, or parent shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such a drug. The initial dose of any prescribed medication will not be administered at school.

PARENT'S SIGNATURE: _____