Las Vegas City Schools
Home of the Cardinals

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Phone # (505) 454-5700
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PARENT PERMISSION TO GIVE "OCCASIONAL" OVER-THE-COUNTER MEDICATION AT SCHOOL

Student Name:_____ Date of Birth:_____
School:_____Grade:_____School Year_____

Over-the-counter (OTC) medications are drugs that do not require a prescription in order for you to purchase them. In the school system, physician orders are required in order to administer OTC medications by a school nurse. To assist school nurses, Regional Health Officers, in their statutory role of oversight of school health staff, provide standing orders to direct school nurses in specific treatments and use of OTC medications. OTC medication may be given (when available) based on our current standing orders and with **written and verbal** parental consent. No OTC medication will be given if a parent/guardian CAN NOT be reached by phone at the time of administration. All protocols will be followed before any medication is given to a student. (Nursing assessment and indication for OTC use) Only a School Nurse or Nursing Assistant may administer OTC medication at school in the school health office.

This parental consent form is required before any OTC medication can be administered at school.

*****PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION*****

_____ Hydrocortisone Cream 1% Topical
_____ Acetaminophen (Tylenol) (dose based on age and weight)
_____ Ibuprofen (Advil, Motrin) (dose based on age and weight)
_____ Antibiotic Ointment (Bacitracin)
_____ Throat lozenges/Cough drops (ages 6 and over only)
_____ Antacid Tablets (Tums) (ages 6 and over only)

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

(Signature of Parent/Guardian)_____
Date:_____ **Valid for Current School Year Only**

NOTE: The school is not able to supply medication for frequent or daily use. For OTC medication not listed on this form, or if the medication must be given on a regular basis, please use the Authorization to Assist with Medication form that can be provided by your school nurse upon request. DO NOT SEND MEDICATION TO SCHOOL WITH YOUR CHILD.

Please list any Medication Allergies and type of reaction:
_____