**AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION**

**AT HOLDINGFORD ELEMENTARY SCHOOL**

**Parents and Guardians,**

 So that we may provide the best care for your child, please read and complete this form and return it to your child's teacher as soon as possible. The information will be used to treat students who come to the school nurse's office reporting minor ailments, such as headaches, muscle aches, upset stomach, or allergies. Rest is always the first choice for treatment; however, when rest fails, medication may provide comfort and thus allow the student to return to the classroom. This form will permit the school nurse or another authorized adult to administer certain over-the-counter medications to your child when he/she presents with symptoms such as those listed below. This form, once signed, will also release school personnel from liability in the event that any reaction occurs from the medication.

**Please check the box next to the medication(s) that may be administered to your child at school. These medications will be available in the school nurse's office. If changes occur during the year, please notify the school immediately.**

□ **Adult Strength Ibuprofen – 200mg/tablet** (for temporary relief of minor aches and pains, such as headaches, muscle aches, and menstrual cramps) **Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□ Adult Strength Acetaminophen [Tylenol®] – 325mg/tablet** (for temporary relief of minor aches and pains, such as headaches, muscle aches, and menstrual cramps) **Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□ Junior Strength Ibuprofen – liquid or chewable tablets**

Dosage will be administered according to package instructions (based on child's age and weight).

□ **Junior Strength Acetaminophen – chewable tablets**

 Dosage will be administered according to package instructions (based on child's age and weight).

□ **Children's Benadryl® – chewable tablets** (for temporary relief of uncomplicated symptoms related to hay fever and other upper respiratory allergies: runny nose; sneezing; itchy, watery eyes; itching of the nose or throat)

 Dosage will be administered according to package instructions (based on child's age and weight).

□ **Children's Pepto-Bismol® or Children's Tums® – chewable tablets** (for temporary relief of heartburn, indigestion, upset stomach, nausea, and diarrhea)

 Dosage will be administered according to package instructions (based on child's age and weight).

□ **Cough Drops and Throat Lozenges**

 □ I do not need to be contacted when my child receives the medication(s) selected above, unless my child has a significant condition or is requesting medication more often than what may be considered normal or healthy.

 □ I wish to be contacted **before** my child receives the medication(s) selected above.

 □ I wish to be contacted **after** my child receives the medication(s) selected above.

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Telephone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERMISSION FORM VALID FOR ONE SCHOOL YEAR ONLY**