

Deweyville ISD School Health Services

PERMISSION TO ADMINISTER MEDICATION

Student's Name (please print)

Grade

Date of Birth

Dear Parent or Guardian:

The school nurse has standing orders to certain non-prescription medications. These will be given per the District Physician's instruction with a parent signed permission form on file.

OVER THE COUNTER MEDICATIONS: Indicate below which medications we may give your child.

YES	NO	Medication Name and Usage
		Antibiotic Ointment/ Triple Antibiotic Ointment – temporarily protecting minor cuts/ scrapes
		Anti-Itch Topical Ointment – Relief for minor insect bites or minor skin irritation
		Oral Numbing Gel (Benzocaine 10% or less) – Temporary relief for mouth or tooth pain
		Aloe Vera Gel – Soothe 1 st degree sunburns and burns with intact blisters
		Aquaphor/ White Petroleum/ Vaseline – Temporarily protecting and relieving chapped or cracked lips or skin
		Contact Solution/ Sterile Ophthalmic Irrigation Solution – For use with contact issues
		Bactine First Aid Antiseptic – for minor skin infections caused by small cuts, scrapes or burns
		Saline Eye Wash – relief of eye irritation/ irrigate affected eye
		Caladryl/ Calamine/ Anti-Itch Ointment – relief of itching due to mild poison ivy-oak, insect bites or other minor skin irritations
		Chloraseptic Mouth Spray/ Cough Drops – relief of mild sore throats
		Tums/ Pepto-Bismol – relieve heartburn/ indigestion. <i>Parent/ guardian must provide medication in original, unopened container. Verbal permission by parent/ guardian must be obtained prior to administering.</i>
		Hydrocortisone Cream 1% - topical administration to relieve severe itching and/or rash
		Tylenol/ Ibuprofen/ Midol – administer weight appropriate dosage liquid or tablet for fever/ headache/ pain. <i>Parent/ guardian must provide medication in original, unopened container. Verbal permission by parent/ guardian must be obtained prior to administering.</i>
		Benadryl – administer weight appropriate dosage liquid or table for mild allergic reactions. <i>Parent/ guardian must provide medication in original, unopened container. Verbal permission by parent/ guardian must be obtained prior to administering.</i>

Be advised that the School District Medication Guidelines discourage giving medication during school hours unless deemed necessary. Tylenol/ Ibuprofen/ Midol/ Benadryl/ Pepto-Bismol/ Tums is not kept on hand in nurse's office and must be provided by parent/ guardian in its original, unopened container. It is strongly advised that non-prescription medication be given before or after school.

Parent/ Guardian Consent

I give permission for my child to receive the above medications during the school day upon their request and release Deweyville ISD and its employees from liability for any damages my child may suffer as a result of this request. I understand that the medications will be given by a school nurse, substitute nurse or principal designated staff according to the district physician's standing orders. I understand that the use of any of the above medications is limited to three doses in one month and a doctor's evaluation and medication order may be required if my child needs to take medication more frequently.

Parent/ Guardian Signature

Date