

# SETON CATHOLIC SCHOOL



Code No. 507.2E1

## OVER THE COUNTER MEDICATION PERMISSION FORM

Grades K-6

The following over-the-counter medications will be available to students in grades K-6 with prior written approval from the parent/guardian. Written approval from the parent/guardian must be provided annually.

Please check the medication(s) your son/daughter may receive for minor health problems. These medications will be given following the District's written protocol. No medication will be administered without prior verbal consent of the parent/guardian to discuss dosing, allergies, or other underlying health concerns.

School year: 2017-2018

School Building: \_\_\_\_\_

Student's name: \_\_\_\_\_

I give permission for \_\_\_\_\_ to receive the medication(s)  
(student name)  
checked below, according to the protocols of the school nurse.

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Lozenges (Cough drops)
- Hydrocortisone Cream (Itch relief)

Please list all known allergies (medication or other):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature  
(Please type your First and Last Name if submitting electronically)

Date

Home Phone # \_\_\_\_\_

Mom's Work # \_\_\_\_\_

Mom's Cell # \_\_\_\_\_

Dad's Work # \_\_\_\_\_

Dad's Cell # \_\_\_\_\_

I understand that by checking this box, I acknowledge and agree to the terms above in the OVER-THE-COUNTER MEDICATION PERMISSION FORM.

Email completed form to [llahey@seton.pvt.k12.ia.us](mailto:llahey@seton.pvt.k12.ia.us) or print and return to: 7597 Burds RD, Peosta, IA 52068