

# SETON CATHOLIC SCHOOL



Code No. 507.2E2

## OVER-THE-COUNTER MEDICATION PERMISSION FORM

Grades 7-12

The following over-the-counter medications will be available to students in grades 7-12.

Please check the medication(s) your son/daughter may receive for minor health problems such as a cold, menstrual cramps, headache, sore throat, sore muscles, backache, sprains and upset stomach. These medications will be given following the District's written protocol and with parent/guardian consent. If you have any questions please call the school nurse.

School year: 2017 - 2018

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

Student's Name: \_\_\_\_\_

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

ALL MEDICATIONS LISTED

Acetaminophen (Tylenol)

Tylenol/Sinus (Acetaminophen/Sudafed)

Ibuprofen (Advil, Motrin)

MS-Aid (menstrual cramp relief)

Lozenges (Cough Drops)

Cough Syrup

Hydrocortisone cream (Itch-relief)

Antihistamine

Nasal Decongestants

Roloids, Tums

Please list all known allergies (medication or other): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

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

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