



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: 2018-2019

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 or print and return to: 7597 Burds RD, Peosta, IA 52068