

**Nonprescription Medication Administration Form 2024-2025**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Current Medications: \_\_\_\_\_

School Nurses may give nonprescription medications with parental permission. The following guidelines need to be followed.

1. The school nurse must assess the child's complaint & symptoms to determine if other measures can be used before medication is given.
2. The school nurse must be notified of any allergies (especially to medications) your child has, any medical conditions your child has, and if there are any medications your child takes on a regular basis.
3. All medications sent to the school must be in the original container (THIS IS THE LAW) with an additional form to be filled out.\*
4. Dosage and frequency of all medications given will be determined according to the package directions unless otherwise ordered with written approval provided by a physician or other qualified healthcare provider.

**PLEASE LIST ALL KNOWN ALLERGIES** (medication, food, environmental) and please write "NONE" if your child does not have any allergies: \_\_\_\_\_

*I give permission for the school nurse to give my child the following medications checked below as needed:  
(Note: Medications/Treatments must be checked for your child to receive them.)*

- \_\_\_ Tylenol/Acetaminophen for fever or pain
- \_\_\_ Advil/Ibuprofen/Motrin for fever or pain
- \_\_\_ Benadryl or generic brand for allergic reaction or seasonal allergies
- \_\_\_ Tums for stomach upset
- \_\_\_ Pepto-Bismol for stomach upset
- \_\_\_ Vicks Vaporub for nasal congestion
- \_\_\_ Cough drops for throat and cough
- \_\_\_ Orajel or other generic brand for toothache or mouth pain
- \_\_\_ Vaseline or Aquaphor for dry or chapped lips/skin
- \_\_\_ Sterile eye wash/Visine for irritation
- \_\_\_ Topical ointments (Neosporin/Hydrocortisone/Calamine) for anti-itch/sting, antifungal, antibacterial

**\*All prescription and personal use over the counter medications must be in the original container and require an additional form to be completed.**

**I have read and agree to the above section and give my authorization for the school nurse to administer ONLY the medications I have checked above.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**If you DO NOT want the school nurse to administer any medications, unless you are notified first, please initial here \_\_\_\_\_ and sign below.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date