GRIGGSVILLE-PERRY COMMUNITY UNIT SCHOOL DISTRICT #4

OTC Medication form

Elementary/High School/ District Office P.O. Box 439 202 N. Stanford St. Griggsville, IL 62340 (217) 833-2352 *Fax: (217) 833-2354* ***Principal:****Jillian Theis* ***Superintendent:*** *Kent Hawley*
Middle School 201 E. North Street P.O. Box 98. Perry, IL 62362. (217) 236-9161 Fax: 217-236-7221 ***Principal:*** *Jeff Bourne*

Student Name:_____DOB: _____ Teacher:_____Grade/Room #: _____

Guardian Name: _____ Phone: _____ Work Phone: _____

Other Emergency Contact: Name: _____Relationship: _____ Phone: _____

List Allergies & Current Routine Medications & Dose/ Health (including emotional problems)_____

_____

I hereby authorize the school nurse (only on days when she is present at my child's school), or the School Administration, to administer over the counter medication to my child as prescribed by standing orders as indicated below. I understand that if my child visits the nurse multiple times with the same complaint, I will be contacted, and my child will be referred to his/her medical provider for evaluation. If any adverse reaction to medication is noted I will be notified immediately. In case of severe reactions, I give permission for my child to receive emergency care. I hereby release the Board of Education, their agents, and employees from any and all liability that may result from my child taking medication. This permission form is valid for the current school year only.

PARENTS PLEASE CHECK YES OR NO

OVER-THE-COUNTER MEDICATION	CONDITION/SYMPTOMS	DOSAGE AND TIME	POSSIBLE SIDE-EFFECTS	COMMENTS
Antacid (Tums) (Calcium Carbonate Yes No	For stomach ache or heartburn.	Administer according to the manufacturer's label.	Constipation.	Not to be used in children less than 6 years old.
Advil/Motrin (Ibuprofen) Yes No	For relief of body aches and pains, menstrual cramps, or fever.	Administer according to the manufacturer's label.	Upset Stomach.	Alert: should not be given if student has allergy to aspirin; may cause stomach bleeding.
Tylenol(Acetaminophen) Yes No	For relief of minor aches and pains; fever.	Administer according to the manufacturer's label.	None significant if administered per manufacturer's label.	Alert: Students with temperature over 100.4 must be sent home.
Benadryl-Diphenhydramine Yes No	For allergy symptoms.	Administer according to the manufacturer's label.	Drowsiness or excitability.	Alert: no driving within 4 hours of taking it.
Carmex Yes No	For dry, chapped, or sore lips.	Administer according to manufacturer's label.	None.	None.
Hydrocortisone Cream Yes No	Redness, rash, or itching.	Administer according to manufacturer's label.	Skin itching, burning, or redness.	None.
Triple Antibiotic oint/cream Yes No	For scratches, burns, scrapes, etc.	Administer according to manufacturer's label.	None significant if administered per manufacturer's label.	None.
Orajel-Benzocaine 20% Yes No	Temporary pain relief of associated with toothaches, canker sores	Up to 4 times per day.	Temporarily numbs the local area.	None.
Sore Throat / Cough Drops Yes No	For sore throat or cough.	Administer according to manufacturer's label.	None significant if administered per manufacturer's label.	None.
Refresh Eye Drops Yes No	Temporary relief of burning, irritation, dryness	Administer according to the manufacturer's label.	None significant if administered per manufacturer's label.	Single use container.

Physician's Signature: _____ Date: _____ Parent/Guardian's Signature: _____ Date:_____