

NEW HOPE-SOLEBURY SCHOOL DISTRICT
School Health Services

PERMISSION TO ADMINISTER MEDICATION

Student's Name (please print)

Grade

Date of Birth

Dear Parent or Guardian:

The school nurse has standing orders from our School District Physician to administer certain nonprescription medications. These will be given per the District Physician's instruction with a Parent signed permission form on file.

OVER THE COUNTER MEDICATIONS: Indicate below which medications we may give your child.

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- Acetaminophen** (generic for Tylenol)
- Ibuprofen** (generic for Advil/Motrin) Per published medical warnings, Ibuprofen is **NOT** to be given to persons who are aspirin sensitive.
- Diphenhydramine** (generic for Benadryl) oral – used for acute allergic reactions only.
- Calcium Carbonate** (generic for Tums)
- Cough Drops**

Be advised that the School District Medication Guidelines discourage giving medication during school hours unless deemed necessary. It is strongly advised that non-prescription medicine be given before or after school.

Parent/Guardian Consent

I give my permission for my child to receive the above medications during the school day upon their request and release the New Hope-Solebury School District and its employees from liability for any damages my child may suffer as a result of this request. I understand that the medications will be given by school nurse according the district physician's standing orders. I understand that the use of any of the above medications is limited to three doses in one month and a doctor's evaluation and medication order may be required if my child needs to take medication more frequently.

Parent/Guardian Signature

Date