

**ST. JAMES ACADEMY HEALTH ROOM FORM
NON-PRESCRIPTION MEDICATIONS***

Consent for Medication to be Administered While In School

STUDENT NAME _____ **GRADE** _____

MEDICATION TAKEN AT HOME? (list all) _____

Does Your Child have a history of Asthma ? YES ___ NO ___

ALLERGIC TO ANY MEDICATION? _____

ANY OTHER ALLERGIES? _____

*Non-prescription or "over the counter" medications, such as Tylenol, Advil, antacids, cold or allergy preparations, require parental consent. For all medication the original container (appropriately labeled) must be provided. Not all of the medications listed below are stocked in the health room. Please check with your school nurse, 913-254-4243.

CONSENT TO ADMINISTER MEDICATION

I HEREBY GIVE PERMISSION FOR MY ABOVE NAMED CHILD TO BE ADMINISTERED THE FOLLOWING MEDICATION DURING THE 2011-12 SCHOOL YEAR:

CHECK ALL THAT APPLY:

- _____ Neosporin or other Antibacterial ointment or cream
- _____ Hydrocortisone 1/2 % or 1 % cream (topical cream for itches, rashes, or bites)
- _____ Anti-itching lotion (ie: calamine lotion or external analgesic)
- _____ Acetaminophen (ie: Tylenol) as directed on the bottle
- _____ Ibuprofen (ie: Advil or Motrin) as directed on bottle
- _____ Antihistamine as directed
- _____ Cold or sinus medication as directed on container
- _____ Antacid medication, (ie: Tums, Pepto Bismol, Mylanta, Pepcid tablets)
- _____ Cough Drops or throat lozenges, Chloraseptic, Sepasoothe or similar medication

DO YOU WANT TO BE NOTIFIED PRIOR TO GIVING MEDICATION OR TREATING YOUR CHILD? YES ___ NO ___

I understand that school personnel must have parent consent before "over the counter" medication can be administered at school. I understand it is my responsibility to furnish this medication in its original container and proper instructions for administering the same. I further understand that any school employee who administers this medication to my child shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such a drug, and I shall indemnify and save harmless school employees against any claim for such damages.

PARENT SIGNATURE

DATE

CONTACT PERSONS & PHONE NUMBERS

NAME: _____ **Mobile/work #** _____ **Home #** _____

NAME: _____ **Mobile/work #** _____ **Home #** _____