PLYMOUTH JOINT SCHOOL DISTRICT HEALTH OFFICE

Anne Nelson, RN
Early Childhood - 5th Grade
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920-892-2661, Ext. 4520 or 2105

District Nurses

Sara Stout, RN
Grades 6 - 12
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Dear Parent or Guardian,

In an effort to better serve the health needs of your child in, we have a policy which allows us to administer some frequently used over-the-counter medications to your child in 7th through 12th grade, if necessary, during the school day. In accordance with this policy, we are asking you to give authorization for the school nurse, or school personnel whom they delegate, to administer the medications noted below for your child's comfort or safety.

School personnel must have your signed consent in order to administer these over-the-counter medications. Generic equivalent medications will be maintained in the health room. You may supply your own medications if you wish. The school nurse (or a delegate) will administer the approved medications as deemed necessary using his or her judgment. Please check the box below if you would also like a phone call or message informing you of our action. This form must be completed and signed annually.

Check all desired medication(s) for your child.

*Dosage will be per your child's age/weight and per package instructions

☐ Acetaminophen (generic for Tylenol®) Regular strength, 325mg or 650 mg

☐ Ibuprofen (generic for Advil® or Motrin®) 200mg or 400mg

☐ Diphenhydramine (generic for Benadryl®) 25mg

☐ Cetirizine (generic for Zyrtec®) 10 mg

☐ Cough drop or lozenge (such as Halls) 1 lozenge

☐ Calcium carbonate antacid (such as Tums) 1-2 tablets

☐ **Please notify me when my child gets one of the above medications. A voicemail or email is OK.**

I understand that this consent must be completed every year. I understand that the school employee who administers these medications according to proper dosages shall not be held liable for any adverse reactions to the medication administered. I hereby give my permission for my son/daughter to receive the above checked medication(s) as deemed necessary by school personnel.

_____ _____ _____
Parent Signature **Parent (Printed Name)** **Date**

_____
Date Rec'd

_____
Initial

_____
Student's Printed Full Name

_____ _____
Date of Birth **Grade**