



Permission for School Nurse to Administer Over the Counter Medication per Standing Order

FORM 18b

Student _____ DOB _____

Teacher _____ Grade _____

Mother/Guardian Name _____ Home Phone _____

Cell Phone _____ Work phone _____

Father/Guardian Name _____ Home Phone _____

Cell Phone _____ Work phone _____

Other Emergency Contact: Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Allergies (medication, food, other) _____

Current medications and dosages: _____

Health/Emotional problems currently under treatment: _____

I hereby authorize the **school nurse only (on days when she is present at my child's school)** 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 reaction, 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 **2016-2017** school year only.

Please initial each medication for which you give the school nurse permission to administer to your child and then sign below.

Student Complaint	Medication	Parent's Initials
Headache and/or fever	Acetaminophen or Ibuprofen	
Discomfort	Acetaminophen or Ibuprofen	
Menstrual Difficulties	Acetaminophen or Ibuprofen	
Itching or discomfort due to insect bites/stings	Diphenhydramine Cream	
Itching due to poison oak/ivy	Calamine Lotion or 1% hydrocortisone cream	
Burns	Aloe Vera Gel or Moist Burn Pads	
Severe allergic reaction: Possible Anaphylaxis	Diphenhydramine	
Abdominal Discomfort/Stomach Pain	Tums (Calcium Carbonate)	

Parent Signature _____ Date _____

If you feel that your child will need medication at school at times when the school nurse is not present, please refer to the Rockingham County Schools' Medication Policy or contact your child's school nurse for more information.