

**CONSENT FOR THE ADMINISTRATION OF  
APPROVED DISCRETIONARY MEDICATIONS**

Dear Parent or Guardian:

This is a consent form for the administration of two non-prescription medications which are available at no charge to students: 1 Acetaminophen (like Tylenol®), and; 2 cough medicine. This service is available to relieve your child's minor discomforts and to avoid early dismissals from school. Both medications are approved by the Health Officer, Queen Anne's County Health Department and the Queen Anne's County Board of Education.

**"Your consent must be obtained before any medication is given to your child."** Only the school nurse may administer these medications in accordance with established protocols. The consent form lists the medications which will be available. Parents of students with a temperature of 101° or greater, although given acetaminophen, will be notified and expected to pick up the student as soon as possible. If you wish this service to be available to your child, please complete the attached consent form and return it to the school nurse. The consent is in effect for this school year only. These medications are intended for occasional use only.

If your child requires any prescription or non-prescription medication on a **regular basis**, you and your physician must complete the Physician's Medication Order Form and supply the medication in a pharmacy-labeled bottle. The existing procedure for administering medicine in school will be followed.

If you have questions or would like further information, please contact your school nurse.

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**Parent Consent for Administration of Non-Prescription Medication**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

I give permission for my child to receive the medication listed on this form as deemed appropriate by the school nurse. I understand that generic equivalent medications may be used.

I would like the following medication made available to my child (please check).

- Cough drops or cough syrup (plain (antitussive) only will be provided)
- Acetaminophen (like Tylenol®)
  - Children's liquid (alcohol free), 1 teaspoon (160 mgs.)
  - Children's chewable tablets (160 mg/tab)
  - Adult tablets (325 mg/tab)

I understand that no more than two consecutive doses of medicine will be administered to my child. Should he/she indicate the need for additional medication, I will be notified to seek medical advice.

I understand that medications I have checked will be administered by the school nurse only, in accordance with established protocols.

\_\_\_\_\_  
Signature of Parent/Guardian Phone Date

**PLEASE RETURN THIS FORM TO SCHOOL AS SOON AS POSSIBLE IF YOU WISH  
THIS SERVICE TO BE AVAILABLE TO YOUR CHILD**