



Consent for the Administration of Approved Discretionary Medications

Dear Parent or Guardian:

This consent form is for the administration of two non-prescription medications which are available at no charge to students: Acetaminophen (Tylenol™) and cough syrup/ cough drops. This service is available to relieve your child's minor discomforts and to avoid early dismissals from school. The medications are approved by the Medical Oversight physician and Queen Anne's County Board of Education.

Your consent must be obtained before any medication is given to your child. The consent form lists the medications which will be available. 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 the current school year only. These medications are intended for occasional use only. **Parents of students with a temperature of 100°F or greater will be notified and expected to pick up the student as soon as possible.**

If your child requires any prescription medication on a regular basis, you and your physician must complete the Medication Administration Authorization Form and supply the medication in the pharmacy labeled bottle/ container. 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.

Parent Consent for Administration of Non-Prescription Medication

Student: _____ Date of Birth: _____

School: _____ Grade: _____

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

I would like the following medications made available to my child:

Acetaminophen (like Tylenol™)

Adult tablets 325mg/tab

Children's liquid 1tsp 160mg

Children's chewable

Tablets 160mg/ tab

Cough Syrup Cough Drops

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

Signature of parent or guardian

Phone

Date