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.

______________________________
Signature of parent or guardian

______________________________
Phone

______________________________
Date