268C Mammoth Rd, Londonderry, NH 03053

School Year_____

PARENTAL PERMISSION FOR OVER THE COUNTER MEDICATION

_____	_____	____/____/____	_____	_____	_____
Last Name	First Name	Date of Birth	Phone #	Grade	Home Room

The school nurse has a limited supply of over the counter medication that may be dispensed with written parental permission. Students requesting medication must be evaluated by the school nurse and may receive medication for minor muscle aches and pains or discomfort due to the common cold, headache, toothache, and menstrual cramps. The school nurse may contact you to discuss the frequency of your child's request for medication, or to recommend follow up care with your health care provider. This form must be completed in full each school year by a parent or guardian. All other over the counter medications must be approved by the nurse and supplied by the parent or guardian.

Check off each medicine that you give permission for your child to receive, and CROSS OUT any that should not be given.

- ○ Acetaminophen (generic Tylenol) per label directions
- ○ Ibuprofen (generic Advil) per label directions
- ○ Anti-itch creams and lotions (hydrocortisone/ generic calamine)
- ○ Cough drops/ chloroseptic spray
- ○ Antibiotic ointments for minor cuts and scraps
- ○ Oragel/ Ambesol
- ○ Antacids (Tums, Pepto Bismol)

I give permission for the school nurse, a substitute nurse, or any other member of the school staff designated by the principal, to administer the medications that are checked off above. By signing this form, I agree to hold harmless and indemnify the Londonderry School District and any staff member for any and all losses that may be occasioned as a result of taking this medication, including adverse reactions. The first dose of over the counter medication will not be given prior to 10:00AM without parent verification that an earlier dose was not given at home. **I understand that the use of ibuprofen or acetaminophen is limited to three doses in one month and a doctor's evaluation and medication order will be required if my child needs to take analgesics more frequently.**

Date _____/_____/_____ Signature _____

LONDONDERRY SCHOOL BOARD
Adopted: August 29, 2017