

# Hardin County School District #1

P.O. Box 218 Elizabethtown, IL 62931

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## Over the Counter Medication Form

Students occasionally develop mild symptoms during the school day that may easily be relieved by taking an over-the-counter medication. The purpose of this form is to seek your approval in advance for the school nurse or designated staff to be able to administer an OTC medication per standing order from your physician.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Drug Allergies:

Place a check mark next to all medication that may be administered to your child. All medication will be dosed according to manufacturer's instruction unless otherwise specified by your physician as needed.

\_\_\_\_\_ Ibuprofen (Children's or Adult)    \_\_\_\_\_ Tylenol (Children's or Adult)    \_\_\_\_\_ Benadryl  
(Children's or Adult)    \_\_\_\_\_ chewable antacid(Tums)    \_\_\_\_\_ cough drops    \_\_\_\_\_ Pepto Bismol \_\_\_\_\_  
\_\_\_\_\_ Motrin    \_\_\_\_\_ all of the above

I hereby give permission for my child to take the above medication during the school day. I understand that the school nurse or designated staff who administer these meds to my child in accordance with these written instructions, shall not be liable for damages as a result of any adverse reaction suffered by my child due to administering such medications.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you, Jordan Prince, RN School Nurse