

Administration of Over-the-Counter Medication

Not uncommonly there are instances when a student may experience minor discomfort during the school day. To expedite treatment of Newcomb Central School students when they are experiencing minor discomfort, the following permission/orders will allow the school nurse or nurse substitute to administer over-the-counter medication (as listed below) per the administration directions/instructions on the medications label without obtaining parental/legal guardian permission at that specific time. All medications will be administered following recommended dosing on package directions. Follow-up contact will be attempted by phone, email, or by written note sent home with the student. Please initial next to each medication with which you are comfortable and sign the form. **You will then need to have your child's Health Care Provider sign off on the form before returning the form to the school.**

The School Nurse or Nurse Substitute has my permission to administer the following medication(s) for the listed reasons to my child _____ as deemed necessary or advisable after appropriate assessment for the 2023-2024 school year.

- _____ Acetaminophen/Tylenol in tablet, liquid, or chewable form (headache, minor pain, fever)
- _____ Ibuprofen/Advil/Motrin in tablet, liquid, or chewable form (headache, minor pain, fever)
- _____ Diphenhydramine/Benadryl in tablet or liquid form (allergy and itching relief)
- _____ Tums (heartburn, indigestion, upset stomach)- only for students over the age of 12
- _____ Cough Suppressant Lozenge
- _____ Hydrocortisone Cream 1% (itching, redness)
- _____ Topical Antibiotic Ointment (if deemed beneficial on minor wounds)
- _____ Burn Cream with Lidocaine (for the treatment of minor burns)

Parent / Guardian Name (please print): _____

Parent / Guardian Signature: _____ **Date:** _____

Health Care Provider Name (please print): _____

Health Care Provider Signature: _____ **Date:** _____

HEALTH CARE PROVIDER SIGNATURE (PA, NP, MD) IS REQUIRED FOR MEDICATIONS LISTED ON THIS FORM TO BE ADMINISTERED IN SCHOOL