ST. AUGUSTINE SCHOOL / ANDOVER, MA

HEALTH SERVICES

CONSENT FOR OVER THE COUNTER MEDICATION ADMINISTRATION

Name of Student_____DOB_____Grade_____School_____

Address_____Tel. #_____

MEDICATION ORDER:

St. Augustine School has standing orders for Acetaminophen, Motrin, Benadryl, 1% Hydrocortisone cream, Bacitracin, Calamine Lotion, Tums, and Hand Sanitizer. These orders were written by our school physician, Dr. Straceski. They are on file and can be viewed upon request.

****

PARENT / GUARDIAN PERMISSION:

_____I give permission for the school nurse, or school personnel designated by the school nurse, to administer acetaminophen / motrin /Benadryl /hydrocortisone cream /Bacitracin /calamine lotion /Tums /hand sanitizer to my child for the 2026-2027 school year.

_____I give permission for the school nurse to share information relative to this prescribed medication with appropriate school personnel if it is necessary for my child's health and safety.

This student has the following allergies/medical conditions_____

This student is currently taking these other medications (including those not given at school)_____

_____

Parent / Guardian Signature_____Date_____

Home Tel. #_____Work #_____Cell #_____

Other person to call in emergency if parent is not available_____Tel. #_____

Revd. 07/2026