Plymouth Joint School District: 7th - 12th Grade
Permission To Give Over-The-Counter Medication At School

- This form should only be used if online registration is not possible. Only complete if not already done during online registration for the current school year..

In order to better serve our students, we have a policy which allows us to administer over-the-counter medication to your child in **7th through 12th grade** if necessary during the school day. Our goal is to keep students in class and ready to learn, if possible. You have the option below to authorize the school nurse, or school personnel whom they delegate, to administer these medications for your child's comfort or safety. The school nurse, or a delegate, will administer the approved medication as deemed necessary using their judgment.

These medications will be maintained in the health room, you do not need to provide. Dosage will be based on your child's age and weight per package instructions. A new consent must be completed each school year.

These medications are not intended for routine use, but intended for seldom, infrequent use. You may be asked to supply your own medication. You always have the option to provide your own medication using a medication authorization form found on the district website: http://bit.ly/medauth

Check all medication(s) you GIVE PERMISSION for your child to receive at school, if needed*

▢ Acetaminophen (generic for Tylenol®) Regular strength, 325mg or 650 mg (for pain, headache)

▢ Ibuprofen (generic for Advil® or Motrin®) 200mg or 400mg (for pain, headache)

▢ Diphenhydramine (generic for Benadryl®) 25mg (for severe allergic reaction)

▢ Cetirizine (generic for Zyrtec®) 10 mg (for severe allergic reaction)

▢ Cough drop or lozenge (such as Halls) 1 lozenge (for cough)

▢ Calcium carbonate antacid (such as Tums) 1-2 tablets (for heartburn)

▢ Please notify me when my child gets one of the above medications by phone call, voicemail or email

*If given permission to receive each medication, it is understood that the school employee who administers these medications according to proper dosages shall not be held liable for any adverse reactions to the medication administered.

Student Name	**Grade**	**Date**

Parent Name	**Parent Signature**