USD 356 Conway Springs

MEDICATION PERMISSION FORM

Student Name | Birthdate | Grade | School Year

OVER-THE-COUNTER MEDICATION

By initialing below, I give permission for school personnel to administer the following medication(s) as needed to my student for minor discomfort or injury. Medications supplied by school may vary between buildings and grade levels.

_____ Acetaminophen (Tylenol)
_____ Ibuprofen (Advil or Motrin)
_____ Cough drop (non-medicated)
_____ Topical medication (antibiotic ointment, calamine lotion, hydrocortisone cream)
_____ Antacid (Tums)
_____ Eye drop (non-medicated lubricating)
_____ Antihistamine oral (diphenhydramine, cetirizine)
_____ Second skin patches (for blisters, bites, stings)
_____ Sunscreen
_____ Aloe Vera
_____ Other _____

Parents may also supply other over-the-counter medications. Please list below:

Medication name: _____ Dosage: _____
Reason given: _____ Time: _____

Medication name: _____ Dosage: _____
Reason given: _____ Time: _____

Medication name: _____ Dosage: _____
Reason given: _____ Time: _____

Parent Name | Parent Signature | Date

Revised 6/14/22

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Medication Administration Guidelines

Permission: Written permission from the parent or guardian must be on file for all medications given at school, including over-the-counter (OTC) medications. Authorization must be renewed every school year.

Medication: Only FDA approved prescription and OTC medications are allowed to be administered by school personnel. OTC medications will be given per package label dosing instructions, unless prescribed by a physician.

Container: Prescription medication brought to school must be in the original container with a current prescription label on the bottle including the child's name, doctor's name, date, medication name, dosage, and time to be given. OTC medications provided by parent must be in the original container and labeled with the student's name.