



Permission for administering Over the Counter (OTC) stock medications at school or on school trips

**Animas High School now has standing orders thanks to Dr. Amanda Singh!
The following medications may be given at school or on school trips with a parent's/guardian's permission.**

- All medications will be given according to package instructions.
- Students may only have ibuprofen or tylenol once a day. You are still welcome and encouraged to complete a self-carry form for OTC meds that your student would like to keep and take at school.
- Students may not receive more than 3 doses of any medication in 3 consecutive days, or more than 5 doses in a 30 day period. Amounts of medication beyond this will require authorization from your provider via a self-carry or staff administration form.

Student's Name: _____ Grade: _____ Birthdate: _____

PLEASE INITIAL NEXT TO THE MEDICATIONS YOU AUTHORIZE ANIMAS HIGH SCHOOL TO GIVE TO YOUR STUDENT

Medications available at school and on school trips.

Parent/Guardian Initials	Medication
	Ibuprofen (Advil, Motrin)
	Acetaminophen (Tylenol)
	Cough drops
	Hydrocortisone cream
	Antibiotic ointment (Neosporin, Bacitracin)

Medications available (in addition to the above) ONLY on school overnight trips, such as Osprey Blocks

Parent/Guardian Initials	Medication
	Tums or generic calcium carbonate
	Zyrtec or generic cetirizine
	Burn cream
	Lubricating eye drops

You MUST complete the back side of this form for it to be valid.

Please check the following statements as applicable:

☐ I certify my child has no known allergies to the above circled medications.

☐ My child is known to be allergic to the following medications:

☐ Additional information or requests:

Parent/Legal Guardian Permission

I hereby give my permission for the above listed and initialed OTC medication(s) to be dispensed

to my student (name)_____ by school personnel per package directions. I release the school from any responsibility for side effects or other medical consequences of this medication. I understand that school staff may decline to give a student a requested medication at any time. I also understand that there are limits to the amount of medication my student may receive as noted on this contract.

I will keep Animas High School informed of any changes in medication(s) or health concerns for my student.

Parent/Guardian Name:_____

Phone number:_____

Signature of Parent/Legal Guardian:_____

Date:_____