

Princeton Charter School

AUTHORIZATION FOR ADMINISTRATION OF NON-PRESCRIPTION/OVER-THE-COUNTER MEDICATION (OTC) 2017-18

INSTRUCTIONS: This form must be completed by parent/guardian for student to receive an over-the-counter (OTC), medication below. Parents will be notified when student receives an OTC medication. THIS FORM IS VOID IF ALTERED IN ANY WAY.

Student Name: _____ Grade: _____

PART I: ACTION PLAN (To Be Completed By Parent/Guardian). Please complete all spaces. Check yes or no to indicate which of the approved list of over-the-counter medications may be administered when indicated by student's symptoms.

Over-the-Counter Medication	Dosage and Time	Condition/Symptoms	Possible Side-Effects*	Comments
Acetaminophen (Tylenol) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For relief of minor aches & pain; fever (100.5°). If fever treated child may not remain in school	None significant if administered per manufacturer's label	ALERT: Students with temperature over 100.4° must be sent home.
Antibiotic Ointment (Neosporin®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For minor cuts, burns, abrasions.	None significant if administered per manufacturer's label	ALERT: Be sure to note any medication/antibiotic allergies.
Calcium Carbonate (Tums®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For stomach ache or heartburn	Constipation	Not to be used in children less than 6 years old.
Zinc Oxide Lotion (Calamine Lotion®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For mild pruritic conditions such as sunburn, rashes, poison ivy, chickenpox, insect bites and stings, etc	Rarely may cause local irritation	ALERT: Students with chickenpox or other contagious rashes must be sent home
Ibuprofen (Advil®, Motrin®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For relief of body aches & pain or menstrual cramps; fever (100.5°). If fever treated child may not remain in school	Stomach upset, stomach bleeding and ulcer unlikely when administered per manufacturer's label	ALERT: Students with temperature over 100.4° must be sent home. Should not be given if student has allergy to aspirin.
Diphenhydramine (Benadryl®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For allergy symptoms	Drowsiness or excitability	Not to be used in children less than 6 years old.
Throat Lozenge Cough Drops <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	Sore throat, mild cough	Possible choking hazard. May contain sugar or artificial sweetener.	ALERT: Students with significant symptoms/cough will be sent home.

*Manufacturer's label is maintained in the School Nurse's Office for parents to review upon request.

PART II: PARENT/GUARDIAN PERMISSION: (To be completed by Parent or Guardian)

I request the designated school personnel to assist my child in the administration of the above described medication/s. I give permission for my child to take the medication indicated above by my checking the yes box according to the condition/symptoms described while in school or while participating in school activities. I understand that: (1) there is no liability on the part of the school, its personnel, or agents for civil or any damages as a result of the administration or lack of administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) these medications are stocked and maintained by the school nursing personnel with standing orders prescribed by the School Physician; (3) I will be notified of the medication and time that the OTC medication was administered to my child; (4) I will be contacted if my child's symptoms do not improve and s/he is unable to remain at school and will reasonably make arrangements for my child to be removed from school.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____

STUDENTS MAY NOT BRING OR CARRY ANY OTC MEDICATIONS TO SCHOOL OR SCHOOL SPONSORED ACTIVITIES.