



OTC Medication Consent Form

This form is to be completed annually for every student in the case that it becomes medically necessary to administer medication and/or healthcare services at San Diego French-American School.

CONSENT FOR ADMINISTRATION OF OVER-THE-COUNTER (OTC) MEDICATIONS

On occasion, it is safe and reasonable to administer some OTC medications at school, so that a student who is not contagious can continue attending class or participating in school activities. Unless otherwise noted, these medications are given in accordance with standing orders provided by our contracted physician or package dosing instructions appropriate for your child's age/weight.

Any student who requires a medication for a similar reason more than twice over the course of any school year (e.g. Tylenol for headache; Tums for abdominal pain; Antihistamine for the same allergic reaction; any medication for menstrual cramps), cannot receive that medication a third time using these OTC orders. (That student should be evaluated by a medical professional and any further administration at school for that purpose needs to be done using the student's own medical provider's "prescription" for this OTC medication and parents should bring in their own supply).

Please initial next to the medications you consent your child to receive at school should the need arise. All medication will be administered by the school registered nurse. You will be emailed after administration.

_____ Acetaminophen (Tylenol): pain from an injury (sprain, scrape, bruise), burn, or insect sting. NOT approved for fever

_____ Calcium Carbonate (Tums, Pepto-Bismol): minor stomach upset or heartburn

_____ Diphenhydramine (Benadryl): motion sickness, hay fever or allergies

_____ Ibuprofen (Motrin, Advil): pain from an injury (sprain, scrape, bruise), burn, or insect sting. NOT approved for fever

_____ Bacitracin Topical Ointment (Neosporin): use on minor cuts or burns to prevent infection

Student's Name _____ Birth Date _____ Grade _____

Parent's Signature _____ Student's Weight _____ Date _____