

## CHRISTUS School Based Clinics

### Parent's Permission for Administration of Over-the-Counter Medications

*Please note: All medications should be given outside of school hours when possible. Only the medication needed to keep a student comfortable and remaining in school will be given.*

Medications will be given at school only under the following condition:

1. The consent form has been **fully** completed by the parent/guardian.
2. Only those school personnel who have successfully completed the training provided by a CHRISTUS School Based Clinic Nurse Practitioner will be authorized to dispense the over-the-counter medications listed below.
3. If medication is provided, the parent/guardian will be contacted by phone as indicated by a child's emergency procedure card OR a note will be sent home documenting the administration of any non-prescription medication at school.
4. The medications will be supplied by CHRISTUS School Based Clinics and kept in their original containers. They will be stored in a locked cabinet/drawer at the school clinic.

**Below is a list of the over-the-counter medications.**

- Acetaminophen (e.g. Tylenol) - for pain or fever greater than 100.4
- Bacitracin Ointment - for cuts/lacerations
- Benadryl- for minor allergic reactions
- Claritin (Loratadine) – for allergies
- Chloroceptic Lozenge- for throat discomfort
- Hydrocortisone 1% Cream- for minor skin irritations
- Ibuprofen (e.g. Motrin, Advil)- for pain or fever greater than 100.4
- Normal Saline Nasal Spray – for nasal congestion/stuffiness

**\*\*\*IMPORTANT:** *If there is a medication listed above that you do **not** wish your child to receive, please **strike a line through the medication.***

I hereby grant permission for the school nurse or other trained school personnel to administer any of the over-the-counter medications listed above to my child as appropriate.

**Print Student's Name & Date of Birth:** \_\_\_\_\_

**Any known drug allergies:** \_\_\_\_\_

\_\_\_\_\_  
**Print Name of Parent/Guardian**

\_\_\_\_\_  
**Signature of Parent/Guardian & Date**

\_\_\_\_\_  
**Contact Number**

\_\_\_\_\_  
**Email Address**