



Presentation of Mary Academy Consent for Administration of Approved Discretionary Medications 2019-2020

Name: _____ Date of Birth: _____ Grade: _____

Allergies/Sensitivities _____

Current Medications (including inhalers) _____

Medical Conditions _____

The following medications may be dispensed at the School Nurse's discretion for the temporary relief of discomfort associated with a cold, headache, dental discomfort, muscular aches, pre-menstrual or menstrual pain, fever, sore throat, upset stomach, rashes due to Poison Ivy, Oak or Sumac, coughs, cuts and scrapes.

Please check any medication you wish to be made available to your child:

I understand that the generic equivalent of medications may be used.

Medication	Dosage
_____ Acetaminophen (like Tylenol 325mg)	_____ 2 tablets _____ 3 tablets (Every 4 hours)
_____ Ibuprofen (like Advil 200 mg)	_____ 2 tablets (Every 6 hours)
_____ Anti-itch lotion (i.e., Caladryl Clear)	Apply to affected area q4h, prn
_____ Artificial Tears	For dry eyes
_____ Bactine	Cuts and scrapes
_____ Burn Gel	Burn
_____ Chewable antacid (i.e. Tums)	1-2 tabs q4h prn
_____ Cough Drops (ie, ludens or hard candy)	prn for coughing
_____ Hydrocortisone 1%	Itch
_____ Ointment (i.e. Bacitracin)	Small amount to cuts and scrapes
_____ Oragel	Toothache
_____ Vaseline	Dry lips

I understand that the above medications I have checked will be administered by the school nurse in accordance with established protocols developed by the consulting school physician for Presentation of Mary Academy and the school nurse.

_____ *I give permission for my child to be given the above checked medications in school as deemed necessary by the school nurse.*

_____ *I do not want any medication given to my child in school.*

Signature of Parent/Guardian

Date

Home Phone

Work/Emergency Phone