



JOHNSON ELEMENTARY SCHOOL

School Health Services Nahant Public Schools

Student's Name _____ Grade _____

PERMISSION TO TREAT- OVER- THE- COUNTER MEDICAITONS

The School Nurse, under the Medication Administration Policy, will administer the following medications at school if necessary. A parent of guardian must **check off each medication** that you approve of being given to your child and **sign** the bottom of this form.

The School Physician, Dr. Tom Silva, has signed Standing Orders for the school nurse to administer these medications. You therefore no longer need to get your physician's signature as you did in the past. **However, any other over-the-counter medication that is not listed on this form, that your child may need, will require a Medication Authorization form signed by both you and your child's physician before it can be given in school.**

All medication doses are given according to your child's age and weight. Contact to a parent is always attempted prior to administration.

Check off each that apply:

_____TYLENOL- fever/pain relief

_____ADVIL- pain/muscle stain- fever relief

_____BENADRYL- mild allergic reactions, hives

_____CALADRYL- mild skin irritations (ex. Poison Ivy)

_____BACITRACIN- wound care

_____ORAGEL- mouth/tooth/orthodontic pain

_____HALLS medicated cough drops

_____HYDROCORTISONE- 1% cream-mild skin rash /itching

Parent/Guardian Signature