

Medical Information and Consent to Dispense Medications – SY 2016/2017

I hereby request and give my consent for the school nurse or other designated staff to dispense the medication(s) noted below to my child. I acknowledge that school personnel are not responsible for any ill effects which might occur. **Note: The very first dose of this medication for current condition/illness may not be given at school.**

Student's Name (Please Print): _____ **Birthdate:** _____ **Student's Weight:** _____

Known Allergies: _____

List All Medical Concerns: _____

Non-Prescription Medications- School Stock

Advil: (100mg/5ml.)				Tylenol: (160mg/5ml.)				Benadryl: (12.5mg/5ml.)			
Weight	Age	Dose	Mark (x)	Weight	Age	Dose	Mark (x)	Weight	Age	Dose	Mark (x)
36-47lbs	4-5 yrs	1 ½ tsp or 7.5 ml		36-47lbs	4-5 yrs	1 ½ tsp or 7.5 ml		N/A	2-5 yrs	½ tsp or 2.5ml	
48-59lbs	6-8 yrs	2 tsp or 10 ml		48-59lbs	6-8 yrs	2 tsp or 10 ml		N/A	6-11 yrs	1 tsp or 5 ml	
60-71lbs	9-10 yrs	2 ½ tsp or 12.5ml		60-71lbs	9-10 yrs	2 ½ tsp or 12.5ml		N/A	6-11 yrs	2 tsp or 10ml	
72-95lbs	11 yrs	3 tsp or 15ml		72-95lbs	11 yrs	3 tsp or 15ml					

May administer by mouth every 4-6 hours as needed for pain or fever.

DO NOT dispense to my child

- Antacid (TUMS)
- Cough Drop
- Saline Eye Drops
- Hydrocortisone Cream 1% (May apply no more than every 6 hours for itching).
- Antibiotic Ointment/Neosporin (May apply no more than every 8 hours for the prevention of infection in minor cuts, scrapes, or burns.)

DO NOT DISPENSE ANY MEDICATION TO MY CHILD.

Over-the-Counter Medications – These are to be furnished by the parent, in the original container with the student's name and dosage instructions provided. Medications to be administered more than 10 days must have a physician's order. Medications not picked-up within 10 days will be disposed of in accordance to federal guidelines. Expired medication or medications without proper dosage instructions **will not** be administered to student.

Name of Medication	Route (by mouth, etc.)	Dosage	Time	Possible Side Effects

Prescription Medications – **All** medications must be furnished by the parent in the original container with affixed prescription label. No more than a 30 day supply of medication should be brought to the health office. All controlled substances should be brought into the health office by a parent/guardian.

Name of Medication	Route (by mouth, etc.)	Dosage	Time	Expected Duration	Prescriber's Name	Indication for treatment	Possible Side Effects

Special Requirements (example: take with food): _____

Health Care Provider Name: _____ Phone number: _____

I hereby authorize any hospital/doctor/EMS personnel to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me. If possible, I request my child be transported to the following hospital:

Signature of Parent/

Guardian: _____ **Date:** _____ Revised: 5/2/16