



## OVER THE COUNTER MEDICATION ADMINISTRATION AUTHORIZATION FOR STUDENTS AT LANESVILLE COMMUNITY SCHOOLS

Indiana state law requires that schools observe certain regulations in administering medications to students. Written permission from parents/guardians and/or physicians is required for all medications. If there is an over-the-counter medication your child needs periodically and you would like for him/her to have a supply in the Health Room for his/her use during the school day, you may send in a supply with the student to be dispensed as directed. Any medication sent into the school MUST be in the original container with the manufacturer label attached and should be identified with the student's name on the container. Under no circumstance will any medication be given to a student without a permission slip on file.

- Acetaminophen (generic for Tylenol), ibuprofen, cough drops and Tums will be made available to students with parent/guardian authorization
- A student cannot exceed more than 20 doses of any combination of acetaminophen and/or ibuprofen in a single school year
- If additional doses are requested, a written order from a physician and parent/guardian authorization are required; a parent/guardian must also provide the additional medication to the nurse for the student
- Upon submission of the signed release to dispense, the parent/guardian is responsible to notify the district in writing should this allowance need to be discontinued.
- Permission forms are good for one academic year and must be renewed annually.

I give permission for \_\_\_\_\_ to be given the following over-the-counter medication as provided through the Health Room. These will be kept in stock. Please initial yes or no.

Dose will be based on age & weight of the child. Liquid and tablets will be available.

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Acetaminophen (Tylenol):      YES \_\_\_\_\_ NO \_\_\_\_\_

Ibuprofen (Motrin):      YES \_\_\_\_\_ NO \_\_\_\_\_

Tums:      YES \_\_\_\_\_ NO \_\_\_\_\_

Cough drops:      YES \_\_\_\_\_ NO \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_