

Southern Lehigh School District  
School Health Services  
Authorization for Over-The-Counter Medication Administration

Dear Parent or Guardian:

Occasionally during the school day a pupil becomes ill, (i.e. headache, toothache, menstrual cramps, sore throat, upset stomach etc.) His/her discomfort may be relieved with an over the counter medication such as ibuprofen, antacid, etc. These medications would only be available through the school nurse, and provided to the student based on the assessment by the nurse, but ***ONLY WITH PARENT PERMISSION.***

Your decision will remain in effect for the current school year unless you notify the nurse of any changes<sup>1</sup>. We recommend you consult your family physician regarding the effects of the following medications before signing the paper.

Thank you.

Please mark an x for each medication and dosage (if applicable) you approve:

\_\_\_\_\_ Ibuprofen (i.e. advil)

**Dosage:**      \_\_\_\_\_ 200 mg (one adult)      \_\_\_\_\_ 400 mg (two adult)

\_\_\_\_\_ Acetaminophen (i.e. Tylenol)

**Dosage:**      \_\_\_\_\_ 325 mg (one adult)      \_\_\_\_\_ 650 mg (two adult)

\_\_\_\_\_ Calcium Carbonate (i.e. Tums)

**Dosage:**      \_\_\_\_\_ 1 tablet                      \_\_\_\_\_ 2 tablets

\_\_\_\_\_ Phenol throat spray (i.e. Chloraseptic spray)

Comments or concerns: \_\_\_\_\_

If it appears a pupil is forming a pattern of repeated and/or frequent requests for any of the above medications, the parents will be informed.

\_\_\_\_\_  
Name of Pupil

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Grade/Homeroom

\_\_\_\_\_  
Date