

**SCHOOL DISTRICT OF MONROE**  
**CONSENT FOR OVER-THE-COUNTER MEDICATIONS for ALL schools**

STUDENT NAME \_\_\_\_\_ Graduation Year \_\_\_\_\_

This year both Tylenol and Ibuprofen (generic) will be available in the health offices. If you prefer to send a bottle of Tylenol or Ibuprofen in the original container with your child's name on it, that is acceptable also. Please, no envelopes or plastic bags. Please sign initials and signature below if you give permission for your child to have these OTC medications. If we do not have a form on file, we will call you for verbal permission to give the medication, for one time only and then we will send the form home for signature. The student may bring the signed form on the next school day.

Medication & Dosage	Directions	Reason for Medication Use	Parent Initials
Tylenol 325 or 500 mg tabs, meltaways or liquid form	Every 4-6 hours as directed per age/weight on the medication bottle.	Headache, cramps, sprain, muscle aches, toothache, braces discomfort or other:  For tooth or gum pain Allergic reaction. Coughing Upset stomach	
Ibuprofen 100-200 mg tabs or liquid	Every 6-8 hours as directed per age/weight on the medication bottle.		
Other: Oragel Benadryl Cough drops Peppermints Tums			
This consent will be good for each year during the grades of K-12 if parent initials here, but may be discontinued per parent request at any time.			

I give my permission for school personnel to give the above medication as directed. I understand I may be contacted to verify last dose to avoid overdose.

**OR**

I give my child permission to carry & self-administer the above medication.  
*(Middle & High School only if you are now allowing your child to self-carry; a change from previously a NEW form needs to be filled out.)*

If you give permission to self carry the office will not supply medication. We are unable to verify when the last dose was administered and need to avoid a possibility of overdose.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Parent permission given per telephone on \_\_\_\_\_ *for one time use only.*  
 Form must then be returned the next day with parent/guardian signature.

**OTC Medication Log**

Date	Time	Medication	Reason	Initial	Comments

