

Bishop Neumann Catholic Jr.-Sr. High School

202 South Linden Avenue
Wahoo, Nebraska 68066-2057
402) 443-4151
Fax: (402) 443-5551

Parental Permission Form for Over-the-counter (OTC) Medications

Name (Each student needs their own form.): _____ has/have permission to take the following OTC medication(s) on an as needed basis:

Note: You must indicate which OTC medication your child/children can take as well as the dose and amount.

_____ Ibuprofen (Advil, Motrin) 200 mg. _____1 or _____2 every 4 hours.

_____ Acetaminophen (Tylenol) _____325 mg. _____1 or _____2 every 4 hours

OR _____500 mg. _____1 or _____2 every 4 hours

I understand that doses over the amount listed on the label cannot be given without a written order from a licensed healthcare provider (MD, PA, Dentist, Nurse Practitioner, etc).

I will provide any OTC medication for my child/children. Family members may share a bottle.

The above medications may be taken for the following symptoms/complaints: **(Check all that apply.)**

_____ Headache _____ Back pain _____ Menstrual pain

_____ Muscle or body aches _____ Other (Please explain below.)

Other medication my child may take with complete directions: (Examples: decongestants, cough medicines, antacids. "Mary may take Sudafed 30 mg. Two every 4 hours if she needs to for a sinus headache. She can take Tylenol with the Sudafed.")

This form will be kept on file for the current school year.

I understand that it is my responsibility to notify the school if my child/children become unable to take any of these medications during the school year. I understand that it is my responsibility to monitor the effects of these medications as well as possible side effects/adverse reactions for my child/children.

Parent/Guardian Signature

Date

Revised 7/2009 Linda Hoven, RN