

SCIO SCHOOL DISTRICT

Parental Request for the Administration of Non-Injectable Medication by School RN or Delegated School Personnel for Students in grades K-8

In compliance with ORS 326.051, OAR 581-021-0037 and Scio School District policy JHCD, parents may request that school personnel administer prescription and non-prescription non-injectable medication to their child.

In order for school personnel to administer any type of medication to the student, the Parent/Guardian must provide this signed authorization form. Medicine will be dispensed to the student by the School Nurse or by school personnel that have successfully completed medication administration training.

Centennial Elementary and Scio Middle School will have the following medications on hand in the office for student use as needed per the following Parent/Guardian consent.

***Please do not send duplicate medications to school.*

Name of Student _____.

It is recommended that pediatric medication be dosed first by weight, and then by age if weight is unknown. Weight based dosing increases efficacy, as children's weight can significantly vary among ages (*please choose one*).

_____ I prefer my child to be given medication based on weight dosage on the package.
My child weighs _____ lbs.

_____ I prefer my child to be given medication based on age dosage on the package.
My child is _____ years old / DOB _____

I give consent for school personnel to administer the following non-prescription medications to my student as needed (*see additional page for more detailed medication indication information*):

_____ Yes to all listed below (If not, please check which IS APPROVED to give)

_____ Tylenol/Acetaminophen

_____ Calamine Lotion

_____ Ibuprofen

_____ Alocane Burn Gel

_____ Childrens Mylicon Antacid/Antigas

_____ Anbesol Topical Oral Pain Reliever Gel

_____ Throat Lozenge/Cough Drops

_____ Liquid Benadryl*

_____ Triple Antibiotic Ointment

**Benadryl will NOT be given for relief of seasonal allergies, ONLY given for potential severe allergic reaction, and parent/guardian will be notified*

_____ Aquaphor Itch Relief Ointment

Parent Signature _____ **Date** _____.

Stock Medications Indications for Use

<u>OTC Medication</u>	<u>Indications</u>
Tylenol/Acetaminophen	Temporarily reduces fever and relieves minor aches and pains.
Ibuprofen	Temporarily reduces fever and treats pain and discomfort.
Triple Antibiotic Ointment	Reduces the risk of infections following minor skin injuries.
Calamine Lotion	Treat mild itchiness from sunburn, insect bites, poison ivy, poison oak, and other mild skin conditions. Dries the oozing and weeping of poison ivy/oak.
Throat Lozenge/Cough Drops	Temporary relief of pain associated with cough due to colds, minor irritation, sore mouth and throat.
Childrens Mylicon	Soothe upset tummies due to bloating and discomfort from gas, acid, indigestion and overeating.
Alocane Burn Gel	Topical gel that relieves pain and itch from superficial burns (e.g., sunburn, minor burns, scalds, etc.)
Aquaphor Itch Relief Ointment	Topical cream that soothes and relieves itch and irritation. Hypoallergenic, paraben and fragrance free, contains hydrocortisone 1%.
Anbesol	Topical pain relief associated with minor irritation of the mouth including toothaches, sore gums, canker sores, braces and dentures.
Benadryl	To be administered at the onset of severe systemic reaction due to environmental, food or insect allergies. Benadryl does not replace epinephrine in an anaphylactic reaction. Parents will be notified prior to administration.