

St. Patrick School  
Pelham, New Hampshire

Parent/Guardian Permission To Administer Over-The-Counter  
Medication in School

The following is a list of over-the-counter medications used to treat minor but common health complaints. We require your written consent on a yearly basis to administer these medications. Please review the list. If you are uncomfortable or know of any medical reason why a particular medication should not be given to your child, please indicate this.

Students visiting the nurse's office are always questioned as to what medications they may have already had to relieve symptoms before coming to school. If there is any doubt, a parent/guardian will be contacted first.

Acetaminophen (Tylenol) or Ibuprofen (Advil, Motrin) for relief of discomfort	YES	NO
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Nasal decongestant for relief of stuffy nose and head congestion (ex: Sudafed)	YES	NO
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Cough and cold medication for relief of cough and chest congestion (ex: Robitussin)	YES	NO
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Antacid for relief of upset stomach (ex: Mylanta, Maalox or Tums)	YES	NO
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Cough drops for relief of cough and minor throat irritation	YES	NO
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I hereby grant permission for a designated member of the school staff to assist my child, (full name) \_\_\_\_\_, in taking the above OTC medications per recommended dosage as needed for relief of symptoms.

In granting permission, I, the parent, agree not to hold liable any member of the school whose duty it is to assist my child in taking said medications. I release any such member of the school staff from the responsibility for any adverse effects from the medication.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_