

Permission for Epiphany School Health Office Staff To administer Over the Counter (OTC) Medications to my Student

For the 2023-2024 School Year (One permission per student please)

Dear Epiphany Families,

The following is information regarding our policy for administering OTC medications in the Health Office. We care for your students and want them to spend as much time in class as possible. Occasionally a student will come to the Health Office with minor, common symptoms from a cold, cough, headache, etc and want medication for those symptoms. Rather than have every family send in OTC medications, we'd like to make it less complicated for all and keep a supply of several popular items on hand. Then, only with your express permission in this note, administer them to your student if the need arises. If we administer any of these, we'll send you an email. Please turn this form into the Health Office. Please don't hesitate to connect with us for any reason. You can contact us at our direct phone number 763-862-4322 or email us at healthoffice@epiphanymn.org

Your Health Office Staff - Alison Bemis, CMA/ Health Para & Amy Theis, BSN, RN, PHN, LSN

Please **CIRCLE THE MEDICATIONS** that you give Epiphany Health Office permission to administer to your student (Please turn in one permission slip per student)

CIRCLE the OTC medications you'll allow us to administer	Dosage to be administered per weight / age indicated.	Time to be given:	How given: i.e., oral	Reason to be given:
Junior Strength Ibuprofen (i.e. Advil, Motrin, etc) OR	100 mg per tab Dose to be given _____			
Ibuprofen, Adult strength (i.e., Advil, or Motrin)	200 mg per tab Dose to be given _____			
Junior Strength Acetaminophen (i.e. Tylenol, chewable) OR	160 mg per tab Dose to be given _____			
Acetaminophen, Adult strength (i.e. Tylenol, etc)	325 mg per tab Dose to be given _____			
Cough Drops (i.e., 15 mg menthol/drop)	Dosage: one drop per hour, max			
Antacid (i.e. Tums) (1000 mg Calcium Carbonate/tab)	one chewable tablet is 1000 mg (max 7 per 24 hrs) Dose to be given _____			
Benadryl (diphenhydramine)	12.5 mg per tsp OR 25 mg per tab Dose to be given _____			
Benadryl Itch Relief Cream Topical Analgesic 2% diphenhydramine HCl topical analgesic	Apply to affected area not more than 3-4 times daily			

Student's name: _____ Grade: _____

Parent/Guardian signature: _____ Date: _____

****Students who take more than two doses of the same OTC medications in a week on a regular basis may need additional permission from their medical provider****

Primary parent/guardian name & contact info: _____

PARENT EMAIL	DATE	TIME	MEDICATION	DOSE	REASON	INITIALS

NAME	SIGNATURE/TITLE	INITIALS
