MIFFLIN COUNTY SCHOOL DISTRICT

201 Eighth Street - Highland Park
Lewistown, Pennsylvania 17044

TELEPHONE (717) 248-0148 FAX (717) 248-5345

Over-the-Counter Medication Form

Student Name: _____ Grade: _____ Date of Birth: _____

The following list of non-prescription medications and first aid materials may be given to your child for minor complaints and/or ailments while in school. They will not be administered without this form on file in the health office. Any student who requires any of the listed medications daily or on a regular basis will need an order filled out by the student's physician. Your child's school nurse may notify you about administering these medications.

Please circle yes or no next to each medication:

Yes or No	Acetaminophen (Generic Tylenol) for headache and other pain, as assessed on an individual basis. Limit of 4 doses per month
Yes or No	Ibuprofen – Generic Advil) for headache, muscular aches, and menstrual cramps, as assessed on an individual basis. Limit of 4 doses per month
Yes or No	Antacid (Generic Tums)- for acid indigestion, heartburn, and upset stomach. Limit of 4 doses per month
Yes or No	Diphenhydramine HCI (Generic Benadryl) –for temporary relief of minor allergic reactions and /or itching due to poison ivy, insect stings, or other irritants
Yes or No	Cough Drops – for cough and sore throat. Not to exceed two drops per school day
Yes or No	Bactine – for minor cuts, sunburn, or abrasions
Yes or No	Bacitracin – for minor cuts, scrapes, burns
Yes or No	Vaseline – to soothe chapped skin/ chapped lips, minor cuts, scrapes, burns
Yes or No	Calamine Lotion – for poison, hives, or insect bites
Yes or No	Sting-Kill Swabs – for insect bites and/or bee stings
Yes or No	Orajel – for minor toothaches, cold sores, canker sores, or sore gums
Yes or No	Eye Wash Irrigating Solution – to rinse irritants from eyes
Yes or No	Water Burn Gel – for pain relief due to minor burns

Medications will only be administered one hour after the start of school and up to one hour before dismissal. Any exception to this will be at the school nurse's discretion or in an emergency.

Students are NOT permitted to bring medications to school. Any medication required to be taken at school MUST be transported to school by a parent/guardian or designated adult and accompanied by a physician's order.

The school nurse has my permission to dispense this medication to my child. As parents/guardians of the child named above, I/we release the Mifflin County School District and its employees, or agents, from any liability for any injuries my child may suffer due to this request. This form must be signed each school year.

Parent Signature: _____Date: _____