

Pius X Catholic High School

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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/ 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. 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 8/2017 Linda Hoven, MSN RN