SCIO SCHOOL DISTRICT

Parental Request for the Administration of Non-Prescription Medication by School RN or Delegated School Personnel for Students in grades 9-12

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.

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

** If student self-carries medication, or has a prescription medication that needs to be taken while at school, additional forms will be required.

| Name of Student | | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| I give consent for school personnel to administe my student as needed (see additional page for Yes to all listed below (If not, please ch | more detailed medication indication information): | | | | | | | |
| Tylenol/Acetaminophen Ibuprofen Tums Throat Lozenge/Cough Drops Triple Antibiotic Ointment Calamine Lotion Alocane Burn Gel | Anbesol Topical Oral Pain Reliever Gel Aquaphor Itch Relief Ointment Liquid Benadryl* *Benadryl will NOT be given for relief of seasonal allergies, ONLY given for potential allergic reaction, and parent/guardian will be notified | | | | | | | |
| Parent Signature | Date | | | | | | | |

Medication will be dosed per package instructions, if the dosing exceeds recommended dose on the package a physician statement is required.

For questions or more information please contact Scio High School or the District Nurse.

Non-Prescription STUDENT MEDICATION RECORD

| Student | | | | School Year | | |
|-----------|------|-----|-------|-------------|--------|----------|
| | | | T | | T | |
| Date | Time | Med | Dose | Route | Reason | Initials |
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| Signature | | Ini | tiale | Signature | ı | nitials |

Signature_____ Initials _____ Signature____ Initials _____

Stock Medications Indications for Use

| OTC Medication | <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. |
| Tums | Soothe upset stomach 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. |