

Dear Parents/Guardians,

Your child's learning depends on good health. The school is available to provide basic services while your child is at school. In order to ensure that your child receives the most appropriate care at school, we request that you read the following information carefully. There have been some changes made. Please completely fill out and return the attached forms to the school nurse.

**Student Health Information:**

Please complete the student's health history. It must be filled out on a yearly basis and returned to the school nurse as soon as possible.

**School Medication Guidelines:**

- The first dose of a new medication **WILL NOT** be given at school.
- All medication must be sent in a current prescription labeled bottle. Duplicate bottles may be requested from your pharmacy.
- Medications should be scheduled so that as many dosages as possible are given at home. Example: 3 times a day can be given before school, after school and at bedtime.
- All medications must be reported to the school nurse.
- All medication must be accompanied by a **written** administration request from the parent/guardian.
- Medications need to be brought in the health office by parent/guardian.
- Medications will be to be picked up by the last day of school or they will be discarded.

**Over- the –Counter Medications:**

Over-the-counter medications may only be administered with parental permission. A completed health history and a completed non-prescription medication consent form must be on file before any medication may be administered. Consecutive daily use of over-the-counter medications (i.e. Tylenol, Ibuprofen) will be monitored by the school nurse and referred as needed, unless medication is otherwise ordered by the student's physician/nurse practitioner. The school has a supply of certain over-the-counter medications. Any other medications that you wish for your child to take should be given to the nurse in the original package along with a signed note from the parent/guardian that the child needs to take this drug during school.

**Prescription Medications:**

Physician/Nurse Practitioner orders are required for all prescription medications. The prescription label will be considered equivalent to a prescriber's written direction.

All prescription and over-the-counter medications that are approved for administration will be kept in the nurse's office or in the office building. Medications will be administered with adult supervision only. All medications are kept in locked storage.

**School Attendance:**

If your child has temperature 100.0 or greater, please keep them home until they have been fever free for 24 hours without the help of fever-reducing medication. If your child reports to the health room and has a temperature 100.0 or greater, you will be notified to come and get your child.

**\*\*\* Please remember to pick up all medications and inhalers by the last of school or they will be discarded.**

**Drexel R-IV School District  
MEDICATION CONSENT FORM**

Student's Name \_\_\_\_\_ School Year \_\_\_\_\_

Dear Parents or Guardians:

The Drexel R-IV School District will supply the following non-prescription medications for our students, with parent/guardian permission:

- Tylenol or Generic Brand – Acetaminophen
- Motrin or Generic Brand – Ibuprofen
- Throat Lozenges (cough drops)
- Tums or Generic Brand – Antacid Tablets
- Caladryl Lotion or Generic Brand – Anti-Itch lotion or cream
- Eye Drops (Clear Eyes) or Generic Eye Drops
- Solarcaine Spray (minor burns or stings) or Generic Brand
- Neosporin Antibiotic Ointment or Generic Brand First Aid Antibiotic

Parent/Guardian written permission is required to administer any of the above listed non-prescription medications. Return this signed permission form to the school nurse or office.

I, \_\_\_\_\_ give the school nurse or his/her designee permission to administer to my child \_\_\_\_\_ the above non-prescription medications as needed, according to the manufacturers recommendations.

This signed permission slip is a permanent authorization for your child while enrolled in this school district for the current school year. If at anytime you wish to discontinue your child's non-prescription medications, please notify the school nurse.

Does your child have any allergies to medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list what medication and the reaction:

\_\_\_\_\_  
\_\_\_\_\_

*Note: If a child demonstrates habitual usage of over-the-counter medications, a doctor's order may be requested to verify that ongoing symptoms have been evaluated and you will need to provide the medication.*

Signature \_\_\_\_\_ Date \_\_\_\_\_