

Double Adobe School District No. 45

7081 North Central

McNeal, Arizona 85617

(520) 364-3041 • FAX (520) 364-6796

Dear Parent or Guardian:

There are certain procedures to be followed should it be necessary for your child to be given over the counter medications during school hours. Please review and sign this document.

ADMINISTRATION OF NON PRESCRIPTION MEDICATION

Non prescription medications or over the counter medications such as: Acetaminophen (Aspirin), Cough Syrup, Antihistamine, Antacids, Throat Spray, Peppermint in water, Decongestants will be administered to students, who have written permission from parents/guardians. Homeopathic and naturopathic medications are not FDA approved for use and are therefore not be considered for use as over the counter medications.

A signed Parental/Guardian Consent For Permission to Administer Over the Counter Medications must be signed and filed with the school administrator or their designated representative.

To insure that the use of this medication is not masking symptoms of any serious condition, a Physician's Statement and or letter must be submitted and filed for administration of nonprescription medications beyond the recommended product label instructions.

To minimize the possibility of an accidental drug overdose, non-prescription medications will not be dispensed during the last 4 hours of the school day. If a child participates in school sports or other after school activity the parent will be called before administering an over the counter medication.

Non prescription medications will be given in a dosage consistent with the child's weight and/or age as indicated on the medication package.

No injectable medication with the exception of Epi-pen in an emergency will be administered.

I have read and understand the above and I request that designated school personnel assist my child, _____, by administering him/her the over the counter medication he/she needs for _____. I hereby give permission for the exchange of information regarding my child's prescribed medication.

PARENT'S PERMISSION:

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date