

Kauri Sue Hamilton School
Consent for Over the Counter Medications

Dear Parent/Guardian,

Students who attend Kauri Sue Hamilton School have the opportunity to receive over the counter (OTC) medications as needed. In order to administer these medications, we need parent/guardian consent annually.

Student name: _____ Classroom: _____

Over the counter medications available:

Tylenol (acetaminophen); Motrin (ibuprofen); Benadryl (diphenhydramine), Calmoseptine ointment (moisture barrier/skin protectant); Zinc Oxide Cream (diaper rash cream); Bacitracin antibiotic ointment, Hydrocortisone 1% cream, Sunscreen, Liquid Bandage spray or liquid, Sting relief (diphenhydramine 2% ointment); Burn relief gel (lidocaine 2% ointment); hemostatic gauze for wounds/bleeding; and Saline eye drops, Medi-First first aid eye wash (purified water eye irrigation)

Please select:

_____ **I DO** give consent for my student to receive OTC medications at school

_____ **I DO NOT** give consent for my student to receive OTC medications at school

Exceptions/Comments:

Allergies:

How does your student take medications?

☐ Pill ☐ Chewable ☐ Liquid by mouth ☐ Liquid via GT/JT

Additional information: (in applesauce, crushed, etc.):

Parent/Guardian: _____ (Print Name) Date: _____
_____ (Signature)

* For prescription medication OR over the counter medications not listed above to be given at Kauri Sue Hamilton School, we must have a signed and dated Medication Authorization Form/prescription from the student's doctor. If you have any questions please feel free to contact nursing.*

Kauri Sue Hamilton Nurses
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FOR OFFICE USE ONLY

Jordan School District - Kauri Sue Hamilton School
OTC Medication Administration

Student: _____ Classroom: _____

How the student takes medication: _____

Notes: _____

Allergies: _____

Weight	Date	Time	Medication- Dose- Route	Nurse Signature