

**Consent for Over the Counter Medications**

**Administered at Kauri Sue Hamilton School**

Dear Parent/Guardian,

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

I give consent for my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name) to receive:

Tylenol (acetaminophen), Motrin (ibuprofen), Benadryl (diphenhydramine), gas relief medication (simethicone), Calmoseptine (diaper rash cream), antibiotic ointment, hydrocortisone cream, Orajel (mouth pain), TUMS (only if your student can chew them), and/or Bandages and Liquid Bandages.

Exceptions/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your student take medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)

**For prescription medication 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 us!**

Kauri Sue Hamilton Nurses

kshs.nurses-uc@jordandistrict.org

801-567-8500

801-567-8521 fax

3/8/21