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Riverton, UT 84065
Ph. 801-567-8500

Courtney Titus, Principal
Karl McKenzie, Assistant Principal
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**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
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