

**Allegany County
Board of Education/Health Department
School Nurse Division**

GUIDELINES FOR OVER-THE-COUNTER MEDICATIONS 12 YEARS AND OLDER

Form will go home with students (12 years and older) at the beginning of the school year.

Parents need to sign permission slip for Tylenol (Acetaminophen) to be given.

Tylenol (Acetaminophen) will be stocked by the school.

The nurse may also give Ibuprofen, cough drops, throat lozenges, and antacid with parental permission. However, parents must provide these medications in the original sealed container.

The OTC medication should not be given for more than 2 episodes per month per school year at the discretion of school nurse. More frequent use requires a written order from the student's primary care provider.

Policy will only include students 12 years of age and older.

All medications will be administered by the school nurse in accordance with established medication guidelines.

OTC medications cannot be delegated without physician's order. Parent will be notified when OTC medication given. The dosage cannot exceed manufacturer's recommended dosage unless ordered by physician.

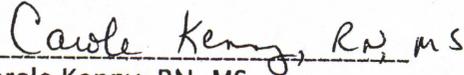
Dosage: Acetaminophen tablets (325 mg.)

12 years and older 1-2 tablets

Dosage may be repeated in 4 hours as needed



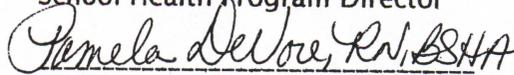
Sue V. Raver, M.D.
Health Officer



Carole Kenny, RN, MS
Director of Nursing and Physical Health



Reba Niland, RN, BSN
School Health Program Director



Pamela DeVore, RN, BSHA
School Health Program Supervisor

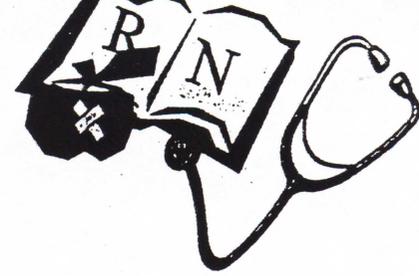
8/3/98
Effective Date

8/16/99
Review Date

9/1/04
Review Date

7/3/07
Review Date

**Allegany County
School Health Nursing Division**



II. B. OVER-THE COUNTER (OTC) MEDICATIONS FOR 12 YEARS AND OLDER

It is recommended that administration of OTC drugs be conducted in accordance with the guidelines for prescription medication. In collaboration with local school system, the Allegany County Health Department has developed the following procedure:

- ❖ Written parental consent must be obtained. Consent should also include the name of the drug, dose to be given, route and time to be given.
- ❖ The OTC drug should not be given for more than two successive school days or more than two episodes per month per school year. If any OTC medication is required on a regular basis, a written order must be obtained from the student's primary care provider.
- ❖ Only the designated school health nurse may approve the OTC drug to be given.
- ❖ OTC medication without physician's order form may not be delegated.
- ❖ The parent/guardian should give the first dose of the drug.
- ❖ The OTC drug must be in the original manufacturer's labeled container.
- ❖ Storing and recording the administration of the OTC medication should follow the same guidelines as prescription medications.

Allegany County
Board of Education/Health Department
School Nurse Division

Parental Consent for Approved Over the Counter Medication

Students 12 years of Age and Older

2 doses a month only

Dear Parent/Guardian,

Administration of certain approved non-prescription medications such as Acetaminophen (Tylenol) will be provided in the health room to alleviate your child's minor discomforts and avoid early dismissal from school. Dr. Sue Raver, Health Officer of the Allegany County Health Department, approved the policy, which is designed to help improve school attendance and enhance academic performance. Your consent must be obtained before any medication is given to your child. Only a Registered Nurse/School Nurse may administer these medications in accordance with established policy. If your child requires any medication on a regular basis (more than two doses per month), you must obtain a written order from your health care provider. Medication must be in the original labeled unopened container. Please complete the form below and return it to your school nurse.

- *PLEASE NOTE:**
1. Medication WILL NOT be given without your signed consent below.
 2. The school will provide ONLY ACETAMINOPHEN (Tylenol).
 3. ONLY 2 DOSES PER MONTH of these medications will be given.
 4. Consent in effect for THIS SCHOOL YEAR ONLY.

I GIVE PERMISSION FOR MY CHILD _____

(Name)

(Date of Birth)

TO RECEIVE THE FOLLOWING MEDICATIONS PER LABELED DIRECTIONS:

- | | | |
|---|-----|----|
| 1. Acetaminophen (Tylenol)-supplied by school nurse | Yes | No |
| 2. Ibuprofen (Advil or Motrin)-provided by parent | Yes | No |
| 3. Cough drops-provided by parent | Yes | No |
| 4. Throat lozenges-provided by parent | Yes | No |
| 5. Antacids-provided by parent | Yes | No |

MEDICATION ALLERGIES/SENSITIVITIES: _____

MEDICATIONS RECEIVED REGULARLY: _____

MEDICAL/HEALTH PROBLEMS: _____

SIGNATURE OF PARENT OR GUARDIAN: _____ Date: _____

Effective Date: 8/3/98
Review Date: 9/24/01
Previous Date: 9/1/04
Revision Date: 5/24/06