

OVER THE COUNTER MEDICATION CONSENT
Signed by Physician and Parent

Dear Parents:

The policy for over the counter (OTC) medication administration in the school clinic has been updated according to the standards that are mandated by the Nurse Practice Act of Tennessee. In the past OTC medications were dispensed with only the parent's written permission. **We will no longer be able to dispense over the counter medications without the written consent of the parent AND the student's physician.** There will be no exceptions. Below is an Over the Counter (OTC) form that gives permission from both you and your child's doctor to administer OTC medicines to the students for occasional symptoms. You will be notified if your child receives an OTC medicine in the school clinic. Medications must be brought in original containers.

The policy for Prescription medications remains the same. *Prescription medications that need to be given to the student during the school day must be accompanied by a signed Medication Form from the prescribing physician* and be in the original container (your pharmacist will give you a second labeled container for school use if you request it).

We appreciate your cooperation and ask that you call if you have any questions regarding any aspect of these policies. They are designed with the best interests of our students in mind.

I hereby request and give my permission to the school nurse or her delegate to administer the following medication to my child.

Student Name

Grade/Teacher

Medication

Dose

Reason for medication

Frequency

Parent signature

Date

Physician name-PRINT

Physician phone #

Physician signature

Date

I understand that school policy permits staff other than the school nurse to administer medications. Accordingly, I understand that the person administering the medication may or may not be trained or experienced in the administration of medications. I knowingly consent to these procedures and request that the medication be administered.

RELEASE OF LIABILITY/ HOLD HARMLESS

In consideration of Saint Henry School administering the above-requested medication to my child _____, I hereby acknowledge that the school, its officers, staff, directors, faculty, school nurse, and employees are not responsible for reactions to the medication, improper dosage in the medication, etc., and will only be responsible for injuries relating to negligent physical administration of the medication.

Parent signature

Date