

HIGH POINT REGIONAL HIGH SCHOOL
Health Office
OVER THE COUNTER MEDICATIONS

Student Name: _____ DOB: _____

Grade: _____ School Year: _____

For the safety of all pupils, students are not permitted to carry and self administer any over the counter medications.

In the event of a minor medical problem, the following medications have been approved by the School Physician to be administered by the School Nurse. Parent/Guardian signature is required in order for the Nurse to administer these medications to your child.

*****PLEASE NOTE this medication sheet must be filled out and handed in to the Nurse's Office annually (every school year). All forms can be obtained on our district web page.**

If your child requires a liquid medication of the below, please provide the Health Office with an unopened bottle with your child's name on it.

Please check the medications you would like your child to receive in school.

- _____ Acetaminophen (Tylenol)
- _____ Ibuprofen (Advil)
- _____ Diphenhydramine (Benadryl)

All dosing will be in accordance with package instructions.

Parent/Guardian Printed Name	Signature	Date
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Nurse's Signature	Date
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ALL other over the counter and prescription medications require a physician's written order **AND** written consent from a parent/guardian. All medication must be in its original container and delivered to the school nurse by a parent or guardian. All forms can be obtained on our district web page.