



MINERAL POINT SCHOOLS

Mineral Point Unified School District Consent & Authorization for School to Give Non-Prescription Medications at School

Name of Student: _____ Birthdate: _____ Grade: _____ School year: _____

Any Known Allergies? (List): _____

BY COMPLETING AND SIGNING THIS FORM YOU ARE AUTHORIZING YOUR CHILD TO TAKE THE OVER-THE-COUNTER MEDICATIONS INDICATED WITHOUT FURTHER NOTIFICATION FROM THE SCHOOL PRIOR TO THE STUDENT RECEIVING THE MEDICATION (except for oral acetaminophen, ibuprofen, or diphenhydramine for which a parent/guardian will be contacted prior to administration).

Use of Over the Counter Medications at School

I hereby authorize the Mineral Point Unified School District to give medication(s) to my child according to the directions listed, and give the school consent to contact my child's physician regarding administering any of these medications. I agree to hold the Mineral Point Unified School District, its employees, and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school. I also agree to inform the school immediately in writing of any change in the medical order.

CIRCLE yes or no for all medications that this student may receive at school including oral medications, topical medications, or other substances listed below. Dosage will be as recommended on the label for student weight or age.

YES	NO	Neosporin (or other triple antibiotic ointment) topically as needed to minor skin wounds or sores
YES	NO	Hydrocortisone Cream 1% topically as needed to minor bug bites, skin itching/inflammation or rash
YES	NO	Benadryl Itch Cooling Gel (or other camphor external analgesic) topically as needed to minor bug bites or stings, skin irritation, sunburn
YES	NO	BactineMAX (or other pain relieving cleaning spray) topically as needed to minor skin wounds or sores, skin irritation, sunburn
YES	NO	Aquaphor Healing Ointment (or Vaseline or other petroleum jelly) topically as needed to dry, cracked skin and lips, minor cuts and scrapes, friction and minor burns, rash
YES	NO	Lip Balm (Safetec or other brands) topically as needed to dry, chapped, or cracked lips
YES	NO	Bausch + Lomb Eye Wash (or other eye irrigating solution) irrigate eyes to help relieve irritation, burning, stinging, discomfort, and itching from foreign material or irritants
YES	NO	Ludden's cough drops (or other lozenge) dissolve in mouth as needed for minor discomfort and protection of irritated areas in sore mouth and/or throat
YES	NO	Benadryl or diphenhydramine orally as needed for symptoms of allergic reaction (usual dose: ages 6 to 12 is 12.5-25 mg; ages 12 to adult is 25-50 mg)
YES	NO	Tylenol or acetaminophen orally for pain, discomfort, headache (will follow recommended dosing instructions on package and will not exceed the recommended dose without a doctor's signature)
YES	NO	Advil or ibuprofen orally for pain, discomfort, headache (will follow recommended dosing instructions on package and will not exceed the recommended dose without a doctor's signature)

Signature of Parent/Legal Guardian

Date

FORM MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN BEFORE MEDICATION WILL BE GIVEN TO THE STUDENT AT SCHOOL

