

Sacred Heart School

115 Washington Street, Bath, PA 18014

(610) 837-6391 – Fax (610) 837-2469

PARENTAL CONSENT FORM FOR OVER-THE-COUNTER MEDICATIONS

The Northampton Area School District and the State Board of Nursing in Pennsylvania require written orders from a physician or nurse practitioner for a student to receive any medication in school. This includes all over-the-counter medications.

In the event of minor illness, injury, or discomfort during the school day, the following medications (in generic or name brand form) are available in the Health Room and may be provided by the school nurse/acting nurse at the discretion of the nurse/acting nurse.

Please place a check (x) next to the medication that you give permission for the nurse to administer to your child:

_____ Advil

_____ Ibuprofen

_____ Anbesol for toothaches, gum pain and mouth sores.

_____ Benadryl

_____ Caladryl (anti-itch lotion) applied sparingly to bug bites and poison ivy rashes.

_____ Sting Swabs applied to insect bites/stings.

No more than three (3) doses of each medication may be given per month.

Effective for the current school year (2011-2012)

Student's Name

Grade

Physician's Signature

Date