

Addendum A

**Holy Name School
Consent for Non-Prescription Medications
(as approved for the 2011-2012 Academic Year)**

Student's Name _____ Grade _____ Age _____ Birthdate ____/____/____
 (Last) (First) (MI)

The following medications may be available at school OR may be brought to school by you for administration to your child throughout the school year (ONLY if brought in original packaging with label and dosage instructions clearly visible). By placing an "x" in the box beside the medication(s) listed below, you are giving your consent for your child to receive the specified non-prescription/over the counter medication(s) on an "as needed" basis during the 2009-10 academic year. Your consent authorizes the appropriate medication administration staff to administer to your child, any of the marked non-prescription/over-the-counter medication(s) in accordance with the manufacturer and pediatric guidelines, as indicated by signs, symptoms, &/or complaints that your child may have. Parent/guardian will be contacted for temperature >= 100.4, if complaint continues, or if complaint increases after intervention.

NO (x)	YES (x)	<u>I would like for my child to receive the following symptom specific over -the-counter medications if needed as marked:</u>
		<u>Tylenol or generic equivalent acetaminophen</u> <ul style="list-style-type: none"> • 5-10 years old: Weight based to 100 lbs or 10 years old, every 4 hours as needed for headache, minor aches, pain • >10 years old and/or >100 lbs: 650 mg every 4 hours as needed for headache, minor aches, pain • >12 years old or > 120 lbs: 500-1000 mg every 4 hours as needed for headache, minor aches, pain
		<u>Advil or generic equivalent ibuprofen</u> <ul style="list-style-type: none"> • 5-10 years old: weight based to 100 lbs or 10 years old, every 6 hours as needed for headache, minor aches, pain • >10 years old and/or > 100 lbs, 200 mg 1-2 tablets every 6 hours as needed for headache, minor aches, pain • >12 years old or >120 lbs: 200 mg 1-2 tablets every 6 hrs as needed for headache, minor aches, pain
		<u>Tums (Regular Strength) or equivalent generic antacid with calcium carbonate</u> 1-2 tablets every 4 hrs as needed for nausea, upset stomach (or age appropriate dose)
		<u>Chloraseptic Lozenge or generic equivalent</u> 1 every 2 hrs as needed for sore throat pain (contains benzocaine - a numbing agent)
		<u>Halls, Vicks, or generic equivalent cough drop</u> 1 lozenge every 2 hours as needed for cough or throat irritation
		<u>Polysporin or generic equivalent antibiotic ointment</u> 4 times a day as needed for minor cuts, abrasions
		<u>Calaphen or generic Caladryl</u> topical lotion every 4 hours as needed for skin irritations, itching
		<u>Oragel or generic equivalent</u> every 1 hour as needed for minor mouth pain
		<u>Dermoplast Spray</u> every 2 hours as needed for itching, minor burns, or insect bites
		<u>Sterile saline solution or drops</u> every 2-4 hours as needed for eye irritation or contact lens care
		<u>Hydrogen peroxide</u> (1/2 strength) 2 times/day as needed for wound cleansing - used for 1-2 consecutive days only
		<u>Vaseline Intensive Care lotion, Vaseline petroleum jelly or generic equivalent</u> topical every 4 hours as needed for chapped/irritated skin
		<u>Benadryl or generic equivalent diphenhydramine</u> (liquid = 12.5 mg per 1 teaspoon) <ul style="list-style-type: none"> • Children 6-12 years (48-95 lbs) 1-2 teaspoons every 4 hours as needed for hypersensitivity reaction symptoms • Children >12 years (96 lbs) 2-4 tsp every 4 hrs as needed for hypersensitivity reaction symptoms.

I hereby agree to the terms listed on this document and release and hold the medication administration staff at Holy Name School and the school board free and harmless for any claims or liability connected with its reliance on this permission.

Parent/Guardian Signature _____

Date _____

