



**Standard Health Room**  
**OVER THE COUNTER Medication Administration**  
**PHYSICIAN and PARENT CONSENT**

Please check the preferred method of administration and any/all medications you give approval. Dose will be given per doctor's order based on weight. Medication will be administered by a registered nurse or a trained staff member and a call home will be made prior to dose administration. Tylenol and Ibuprofen will be available in pill form of the dosage listed below to temporarily reduce fever and relieve minor aches and pains due to the common cold, headache, and muscle aches. All medication must be brought to school by a parent in its original container.

- Tylenol
  - Pill (325 mg)
    - Dose \_\_\_\_\_
  
- Ibuprofen
  - Pill (200 mg)
    - Dose \_\_\_\_\_
  - Liquid Suspension (100 mg/5mls) dose calculated based on weight per doctor order
    - Dose \_\_\_\_\_
  
- Other Medication \_\_\_\_\_

Reason for taking \_\_\_\_\_

Dose \_\_\_\_\_ Route \_\_\_\_\_ Time of administration \_\_\_\_\_

*I am aware of all possible side effects/benefits and give permission for this medication to be administered to my child at school. The school has my permission to call the physician with any questions regarding the use of these medications.*

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Known Drug Allergies

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
**PARENT** Consent

\_\_\_\_\_  
**PHYSICIAN** Consent

A physician's signature is required in order for these medications to be administered by SGM nursing staff.