

School District of Monticello

Non-Prescription Medication Consent - Routine Medications

These medications will be stocked at school and administered to students with signed consent as needed.

Student: _____

Grade: _____

My child has permission to receive the following medications while at school:

Acetaminophen 240mg-650mg by mouth every 4 hours as needed _____

Ibuprofen 200-400mg by mouth every 4 hours as needed _____

Diphenhydramine 12.5-25mg by mouth every 4 hours as needed _____

Topical 1% Hydrocortisone ointment as needed _____

Topical antibiotic ointment as needed _____

Throat lozenges as needed (Grade 3 and above only) _____

Calcium Carbonate antacid 2 tabs as needed _____

I give consent to the School District of Monticello personnel to administer the following non-prescription medications to my child. I further agree to hold the School District of Monticello and its employees who are acting within the scope of their duties, harmless in any and all claims arising from administration of these medications at school to my child.

Parent/Guardian Signature _____

Date _____

Phone number _____

