

Permission for Legacy Christian Academy Health Office Staff to Administer Over the Counter (OTC) Medications to my Student

For the 2016-2017 School Year (One permission per student please)

Dear Legacy Families,

We are introducing a new policy for administering OTC medications in the Health Office. We care for your students and want them to spend as much time in class as possible. Occasionally a student will come to the Health Office with minor, common symptoms from a cold, cough, headache, etc. and want medication for those symptoms. Rather than have every family send in OTC medications, we'd like to make it less complicated for all and keep a supply of several popular items on hand. Then, *only* with your express permission in this note, administer them to your student if the need arises. Please turn this form into the Health Office during the Back to School Open House or in the first week of school. Please don't hesitate to connect with us for any reason. You can contact us at our direct phone number 763.316.6241 or email us at healthoffice@lcamn.org.

Your Health Office Staff, Merry Joy Olson, RN, LSN & Chris Schomburg, Health Para

Please **CIRCLE THE MEDICATIONS AND DOSAGES** that you give Legacy Health Office permission to administer to your student (please turn in one permission slip per student).

Circle the OTC medications that you will allow	Circle the dosage that you will allow	Please note any special considerations
Jr. strength Ibuprofen (i.e. Advil, Motrin, etc.)	100mg per tab: one OR two every 6-8 hours as needed	
Ibuprofen, Adult strength (i.e. Advil, or Motrin)	200mg per tab: one OR two every 6-8 hours as needed	
Jr. strength Acetaminophen (i.e. Tylenol, chewable)	160mg per tab: one OR two every 4-6 hours as needed	
Acetaminophen, Adult strength (i.e. Tylenol, etc.)	325mg per tab: one OR two every 4-6 hours as needed	
Cough Drops (i.e. 15 mg menthol/drop)	Dosage: one per hour, Maximum: _____	
Antacid (i.e. Tums) (1000 mg Calcium Carbonate/tab)	one tablet OR two (not to exceed 7 in 24 hours)	
Benadryl (diphenhydramine 12.5 mg/tsp)	one tsp OR two every 4-6 hours as needed	

Student's name: _____ Grade: _____

Parent's signature: _____ Date: _____