

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

For the 2017 - 2018 School Year (One permission per student please)

Dear Legacy Families,

The following is information regarding our 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. If we administer any of these, we'll send you an email. Please turn this form into the Health Office. 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** that you give Legacy Health Office permission to administer to your student (Please turn in one permission slip per student)

CIRCLE the OTC medications you'll allow us to administer	Dosage to be administered per weight / age indicated.	Please note any special considerations
Junior Strength Ibuprofen (i.e. Advil, Motrin, etc) OR	100mg per tab	
Ibuprofen, Adult strength (i.e. Advil, or Motrin)	200mg per tab	
Junior Strength Acetaminophen (i.e. Tylenol, chewable) OR	160mg per tab	
Acetaminophen, Adult strength (i.e. Tylenol, etc)	325mg per tab	
Cough Drops (i.e. 15 mg menthol/drop)	Dosage: one drop per hour, max	
Antacid (i.e. Tums) (1000 mg Calcium Carbonate/tab)	one chewable tablet is 1000mg (max 7 per 24 hrs)	
Benadryl (diphenhydramine)	12.5 mg per tsp OR 25 mg per tab	

Student's name: _____ Grade: _____

Parent's signature: _____ Date: _____

Primary parent/guardian contact info: _____

PARENT EMAIL	DATE	TIME	MEDICATION	DOSE	REASON	INITIALS

NAME	SIGNATURE/TITLE	INITIALS