

## Bishop Neumann Catholic JR/SR High School

202 S. Linden Street Wahoo, NE 68066 (402) 443-4151, Fax: (402) 443-5551

Student Name:	Grade:	_School Year:
Parent/Guardian:	Daytime Phone#	

I (We) as parent/guardian of the above-named student authorize the personnel of Saunders Catholic Schools to give my child the following **non-prescription medication** should it be necessary. Dosage instructions from the bottle/container will be followed, unless otherwise specified by parent. Please note that doses over the amount listed on the label cannot be given without a written order from a licensed healthcare prover (MD/DO, PA, Dentist, or Nurse Practitioner).

These are the medications that are stocked in the Nurse's office, and will be given per bottle instructions: Please indicate the following that apply:

\_\_\_\_\_1. Ibuprofen (Motrin, Advil, or generic) 200 mg

\_\_\_\_\_ 2. Acetaminophen (Tylenol or generic) 325 mg

3. Extra Strength Acetaminophen (Extra Strength Tylenol or generic) 500mg

\_\_\_\_\_ 4. Cough Drops

\_\_\_\_\_ 5. Antacids (Tums, or generic)

6. Topical ointment (Neosporin, triple antibiotic ointment, hydrocortisone or generic)

Other medication my child may take with complete instructions, **parent to supply** (examples: decongestants, cough medicine, antacids, migraine or menstrual relief) Name of Medication(s) \_\_\_\_\_\_

Directions:

Medical Management Plan? Yes No (please circle) (Required for asthmatic, anaphylactic and diabetic medications)

-This form will be kept on file for the current school year.

-I understand that it is my (our) responsibility to notify the school if my child becomes unable to take any of these medications during the school year.

-I (We) understand that if this form is not signed and returned to the school office, my child will **not** be given any medication at school. I (We) understand that all medications will be turned in to and stored in the office, unless a Medical Management Plan has been completed granting my (our) student permission to carry emergency medications on their person. I (We) accept ultimate responsibility for monitoring the effects and possible adverse reactions of these medications on my (our) child. I (We) therefore release Saunders Catholic Schools and its employees from all liability relating to the administration of non-prescription medication to my (our) child.

Parent/Guardian Signature

\* There is an option on Power School to approve over-the-counter medications for students

Date/Time	Medication/Dosage	Reason Given	Administered by
Initials: Signatiure:	l Initials: S	Bignature:	