



Health Room Consent

Name of Student: _____

Graduation Year: _____

Over-the-counter (OTC) medication is supplied by the health room. **Students are NOT permitted to self-carry OTC medication.** The health room provides ibuprofen (generic Advil), acetaminophen (generic Tylenol), and diphenhydramine (generic Benadryl) free of charge. Please read the information below, then indicate the OTC medications that are authorized for administration by the Health Room staff.

- No over-the-counter medication will be given to students without written permission from a parent/legal guardian, or is a student who is 18 years old.
- Written consent for OTC medications is good for the entire time the student is at AHS.
- If you no longer wish for the health room to supply an OTC medication, please provide written notification rescinding your permission.
- Health room staff will NOT administer the same medication over 10 days a month without documentation from a physician.

I hereby request and authorize health room staff to give the above-named student the following OTC medications:

| Check box if medication is allowed. | Medication Name | Directions |
|-------------------------------------|--|--|
| <input type="checkbox"/> | Acetaminophen 500mg / tablet | 1-2 tablets every 4-6 hours as needed for discomfort |
| <input type="checkbox"/> | Ibuprofen 200mg/ tablet | 1-2 tablets every 4 hours as needed for discomfort. |
| <input type="checkbox"/> | Diphenhydramine 25mg/ tablet | 1-2 tablets every 6 hours as needed for allergic reaction or seasonal allergy symptoms |

I hereby consent and authorize the health room staff to provide first aid comfort measures to the above-named student. Comfort measures may include but are not limited to:

- lotion applied topically for dry skin
- petroleum- based creams (Vaseline) applied topically for dry skin or chapped lips
- second skin burn squares applied topically to soothe minor burns
- saline solution applied topically or ocular (eye) for contact lens care, wound cleaning, or as an eye flush.

These comfort measure, and OTC medications are administered, free of charge, and as needed in the health room according to the labeled instructions. All uses will be in single application form or in a manner that prevents cross-contamination.

If emergency treatment is required and parents and emergency contacts cannot be reached, the school authorities may use their judgment arranging medical care. I hereby authorize release of information to all Arrowhead High School personnel and school bus drivers on a need to know basis.

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|--------------------------------|-----------------------------|-------|
| Parent/ Guardian Printed Name: | Parent/ Guardian Signature: | Date: |
|--------------------------------|-----------------------------|-------|