



**Owensboro Catholic Consolidated Schools**  
**Consent for Non-Prescription Medications Provided by the School**  
*(As Approved for 2009-2010 Academic Year)*

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Last) (First) (MI)

The following medications may be available at your child's school. By placing an "X" in the box beside the medication(s) listed below, you are giving your consent for your child to receive the specified non-prescription/over-the-counter medication(s) on an "as needed" basis during the 2009-10 academic year. Your consent authorizes the appropriate medication administration staff to administer to your child, any of the marked non-prescription/over-the-counter medication(s), in accordance with the manufacturer and pediatric guidelines, as indicated by signs, symptoms, &/or complaints that your child may have. Parent/guardian will be contacted if temperature is  $\geq 100.4$ , if complaint continues, or if complaint increases after intervention.

NO (X)	YES (X)	I would like for my child to receive the following symptom specific over-the-counter-medications if needed as marked:
		<b>Tylenol or generic equivalent acetaminophen</b> <ul style="list-style-type: none"> <li>• <b>5-10 years old:</b> Weight based to 100 pounds or 10 years old, every 4 hours as needed for headache, minor aches, pain</li> <li>• <b><math>\geq 10</math> years old and/or <math>\geq 100</math> pounds:</b> 650 mg every 4 hours as needed for headache, minor aches, pain</li> <li>• <b><math>\geq 12</math> years old or <math>\geq 120</math> pounds:</b> 500-1000 mg every 4 hours as needed for headache, minor aches, pain</li> </ul>
		<b>Advil or generic equivalent ibuprofen</b> <ul style="list-style-type: none"> <li>• <b>5-10 years old:</b> weight based to 100 pounds or 10 years old, every 6 hours as needed for headache, minor aches, pain</li> <li>• <b><math>\geq 10</math> years old and/or <math>\geq 100</math> pounds,</b> 200 mg 1-2 tablets every 6 hours as needed for headache, minor aches, pain</li> <li>• <b><math>\geq 12</math> years old or <math>\geq 120</math> pounds:</b> 200 mg 1-2 tablets every 6 hours as needed for headache, minor aches, pain</li> </ul>
		<b>Midol with 500 mg of acetaminophen or generic equivalent (<math>&gt; 12</math> years old)</b> 1 tablet every 4 hours as needed for menstrual cramps, minor aches, pain
		<b>Tums (Regular Strength) or equivalent generic antacid with calcium carbonate</b> 1-2 tablets every 4 hours as needed for nausea, upset stomach
		<b>Chloraseptic Lozenge or generic equivalent with phenol</b> 1 every 2 hrs as needed for sore throat pain
		<b>Halls, Vicks, or generic equivalent cough drop</b> 1 lozenge every 2 hours as needed for cough, or throat irritation
		<b>Polysporin or generic equivalent antibiotic ointment</b> 4 times a day as needed for minor cuts, abrasions
		<b>Calaphen or generic Caladryl</b> topical lotion every 4 hours as needed for skin irritations, itching
		<b>Hydrocortisone Topical Cream 1% or generic equivalent</b> every 4 hours as needed for skin irritations, itching
		<b>Dermoplast Spray</b> every 2 hours as needed for itching, minor burns, or insect bites
		<b>Oragel or generic equivalent</b> every 1 hour as needed for minor mouth pain
		<b>Sterile saline solution or drops</b> every 2-4 hours as needed for eye irritation or contact lens care
		<b>Hydrogen Peroxide (<math>\frac{1}{2}</math> Strength)</b> 2 times/day as needed for wound cleansing, use for 1-2 days only
		<b>Blistex lip balm, Vaseline Petroleum Jelly or generic equivalent</b> every 4 Hours as needed for chapped lips/lip irritation
		<b>Vaseline Intensive Care Lotion, Vaseline Petroleum Jelly, or generic equivalent</b> topical every 4 hours as needed for chapped/irritated skin
		<b>Carmex Lip Balm or generic equivalent</b> apply sparingly every 2 – 4 hrs as needed for cold sores
		<b>BENGAY Pain Relieving Cream or generic equivalent,</b> age $>12$ , apply topically every 4 hours as needed for minor muscle and joint pain
		<b>Benadryl or generic equivalent diphenhydramine</b> (liquid= 12.5 mg per 1 teaspoon) <ul style="list-style-type: none"> <li>• Children 6-12 yrs (48-95 pounds) 1-2 teaspoons every 4 hours as needed for hypersensitivity reaction symptoms as per OCS Hypersensitivity Reaction Protocol</li> <li>• Children <math>\geq 12</math> yrs (<math>\geq 96</math> pounds) 2-4 teaspoons every 4 hours as needed for hypersensitivity reaction symptoms as per OCS Hypersensitivity Reaction Protocol</li> </ul>

I hereby agree to the terms listed on this document and release and hold the medication administration staff in the Owensboro Catholic Consolidated Schools and OMHS staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from administration of the medications listed above that I have marked "YES."

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_