

# Medications

Is your child taking any medication at home? please include OTC and prescription meds  
\_\_\_ YES \_\_\_ NO

If "yes"—(1) Medication\_\_\_\_\_ dosage/times\_\_\_\_\_ reason\_\_\_\_\_

(2) Medication\_\_\_\_\_ dosage/times\_\_\_\_\_ reason\_\_\_\_\_

(3) Medication\_\_\_\_\_ dosage/times\_\_\_\_\_ reason\_\_\_\_\_

Attach a second paper if necessary. Please include all medications your child is taking.

## Please Initial your consent to the following treatment:

\_\_\_\_\_ Triple antibiotic ointment to minor cuts/abrasions

\_\_\_\_\_ Hydrocortisone 1% cream to itchy rashes/insect bites

\_\_\_\_\_ Cough drops as needed, as directed

\_\_\_\_\_ Peppermints (hard) for upset stomach or nerves (max 2/day)

\_\_\_\_\_ Aquaphor ointment to dry/cracked skin or lips

\_\_\_\_\_ Ginger ale for upset stomach or nausea

\_\_\_\_\_ Salt water mouth rinse for oral sores/sore throat

\_\_\_\_\_ Saline eye drops as needed

**WE REQUIRE PARENTAL AUTHORIZATION FOR ALL OTC MEDICATIONS, INCLUDING TYLENOL AND MOTRIN. PARENTS MUST ALSO PROVIDE THE MEDICATION. WE REQUIRE A PHYSICIAN'S WRITTEN ORDER FOR ALL PRESCRIPTION MEDICATIONS. FORMS CAN BE FOUND IN THE NURSE'S OFFICE AND ON RENWEB, ALL MEDICATIONS MUST BE BROUGHT IN TO THE NURSE BY A PARENT, MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER WITH THE LABEL CLEAR. A SEPARATE FORM MUST BE COMPLETED FOR EACH MEDICATION. NO MEDICATION WILL BE GIVEN ON FIELD TRIPS EXCEPT THOSE DEEMED NECESSARY AND WITH PRIOR AUTHORIZATION.**

**\*\*APPROVED BY MEDICAL DIRECTOR, DR. MARIE LIVIGNI\*\***

**\*\*If any medical information should change through the year, please contact one of the school nurses\*\***

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**Signature of parent/guardian\_\_\_\_\_ Date\_\_\_\_\_**