Division: Elementary Junior High High school
(Circle one)

CONSENT FORM FOR OVER-THE-COUNTER ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

LOMA LINDA ACADEMY| 10656 ANDERSON ST. LOMA LINDA, CA 92354 | P • 909-796-0161 | F • 909-799-3766

INSTRUCTIONS: This form must be filled out and signed **annually** by the *student's parent/guardian* before this medication can be administered during school hours. ***Please note any child presenting with a fever at school cannot be treated with OTCs and must be sent home.***

STUDENT NAME: _____

DATE OF BIRTH: _____ **GRADE:** _____

MEDICATION AUTHORIZATION:

Please check the medications you authorize the school to administer to your child:

OTC MEDICATIONS:

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Diphenhydramine (Benadryl)
- Loratadine (Claritin)
- Cetirizine (Zyrtec)
- Fexofenadine (Allegra)
- Antacid (Tums, Maalox)
- Cough Drops/Throat Lozenges
- Hydrocortisone Cream (1%)
- Triple Antibiotic Ointment (Neosporin)
- Saline Eye Drops
- Sunscreen
- Aloe Vera Gel

NAME OF PARENT/GUARDIAN: _____

I understand and agree to the following: I give permission for the school nurse or designated staff to administer the above-checked OTC medications to my child as needed. I understand that this authorization is valid for the current school year only and must be renewed annually. I understand that the school may contact me if there are any questions or concerns regarding the administration of these medications. I release Southeastern California Conference, Loma Linda Academy and all its employees from any liability in relation to the administration of the above checked medication(s). **I HAVE READ AND UNDERSTOOD THIS FORM AND CONSENT TO THE ABOVE PROVISIONS.**

_____ _____

Signature of Parent or Guardian **Date**

ADDITIONAL INFORMATION: Please indicate what medication(s) you would like your student to be be given and for what reason (i.e. Ibuprofen for headache, cramps, etc., Benadryl for allergic reaction): _____

_____

_____

_____

SCHOOL USE ONLY Received By: _____ **Date:** _____

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