

# MIFFLIN COUNTY SCHOOL DISTRICT

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## MCSO Over-the-Counter Medication Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

The following list of non-prescription medicines and first aid materials may be given to your child for minor complaints and/or ailments while in school. They will not be administered without this form on file in the health office. The consent covers occasional use only, and these medications will be given only at the nurse's discretion. Any student who requires any of the listed medications daily, or on a regular basis, will need a medication consent form filled out by the student's physician. Your child's school nurse may notify you as needed related to the administration of these medications.

**Please circle yes or no next to each medication:**

	Medication		Medication
Yes or No	Tylenol (dosed by age/weight)	Yes or No	Calamine Lotion
Yes or No	Ibuprofen (dosed by age/weight)	Yes or No	Sting Kill Swab
Yes or No	Tums	Yes or No	Dacriose Eye Irrigating Solution
Yes or No	Mentholypus Cough Drops	Yes or No	Anbesol with Benzocaine 20%
Yes or No	Bactine Spray	Yes or No	Burn Gel
Yes or No	Bacitracin Ointment	Yes or No	Aloe
Yes or No	Benadryl (Allergic Reaction Only)	Yes or No	Chloraseptic Spray

Medications will only be administered one hour after the start of school and up to one hour before dismissal. Any exception to this will be at the discretion of the school nurse or in the case of an emergency.

The school nurse or designated school official has my permission to dispense this medication to my child. As parents/guardians of the child named above, I/we release the Mifflin County School District and its employees, or agents, from any and all liability for any injuries my child may suffer as a result of this request. *This form must be signed each school year.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_