

SISD 2020-2021 OTC Medication Policy

Due to existing School Board Policy, over the counter medications will not be provided by the school. Parents must provide any OTC medications that the child may need to receive during a school day to the school nurse. Medications provided by the parent will be labeled with the child's name and will only be used for the specified child/children.

The following criteria must be met in order for children to receive OTC medications at school:

1. The parent must provide the medications, and complete the appropriate form with the nurse,
2. The nurse will determine the use of OTC medications. The nurse must determine that the use of OTC meds will not mask the symptoms of COVID-19. An example is that Tylenol (acetaminophen) may be given during school hours as needed if dental work has been performed recently and the child needs pain relief.
3. If there is a doctor's order for a child to receive OTC medications while at school, the parent may provide this order to the nurse, and the nurse will follow the order.

If the child needs prescription medications administered during school hours, the parent must complete the appropriate form with the school nurse and provide the medication in its original prescription bottle, with the child's prescription label intact.

SMYER ISD
OTC MEDICATIONS- PARENTAL CONSENT

I, _____, request for the following over the counter medications to be administered to my child, _____ during school hours as needed, and/or as ordered by a physician.

Please place a check next to the OTC medications you are providing:

- Tylenol (Acetaminophen)
- Motrin/Advil (Ibuprofen)
- Cough Drops
- Other OTC Medication/s (please specify) _____

Parent's

Signature*: _____ Date: _____

*By signing this form, I consent for the nurse or other designated staff to administer OTC medications, per package instructions, to my child during school hours. The nurse or other designated staff will utilize their judgement in order to decide if my child needs the medications or not. I, as the parent, am providing the OTC medications for my child, and understand that the school does not provide these medications.

Reviewed and Received by: _____ Date: _____