



# Education at its best.

MONTELLO SCHOOL DISTRICT

## Self-Administration of Over-the-Counter (OTC) Medication (HIGH SCHOOL ONLY)

Medications are to be administered at home primarily. If it is necessary for a student to take OTC medications at school, this form must be completed before a student is allowed to self-carry and self-administer medication. This document will be in effect for the remainder of your student's high school career.

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

Over-the-counter medications that may be self-administered:
Tylenol (acetaminophen)
Ibuprofen (motrin)
Daily allergy medication (such as claritin, zyrtec, loratadine)
Skin ointments/creams (such as aloe, vaseline, petroleum, or hydrocortisone)
Cough drops
Stomach relief medication (such as pepto, tums, antacids)

*\*Please note: students do not need this on file to self-carry emergency medication such as an inhaler or EpiPen. However, please contact the school nurse to make sure the proper arrangements are in place.*

### Parent/Guardian Responsibility:

- I will supply medication in its original, properly labeled container.
- I request and authorize my child to carry and self-administer these medications as needed.
- I have educated my child on how to follow dosing guidelines on the medication label and indications for taking each medication.
- I agree to hold the Montello School District and its employees harmless in any & all claims arising from the administration of this medication.
- I am aware that only the listed over-the-counter medications are allowed to be self-administered and this consent form does not apply to additional over-the-counter medications OR prescription medications.
- I am aware that if there is evidence of any misuse of medication, this privilege can be revoked at any time.
- My signature indicates that I have fully read and understand the above information.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student Responsibility:

- I am aware that only the listed over-the-counter medications are allowed to be self-administered and this does not apply to additional over-the-counter medications OR prescription medications.
- I am aware that if there is evidence of any misuse of medication, this privilege can be revoked at any time.
- I am aware that this medication is not to be shared with others.
- I am aware that this medication needs to be stored in a secure location at all times (i.e. locker, backpack) and is not to be carried on me.
- My signature indicates that I have fully read and understand the above information.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_