

**Parental Consent to Administer Nonprescription Medication**  
**Marietta City Schools**

There are times when students are better able to remain in school through the effective use of nonprescription medication. Students may receive nonprescription medication for a headache, menstrual cramps, etc., only with written parental permission. If you wish your child to receive any of the nonprescription medications listed below, please complete and return this form. These medications will be supplied by Marietta City Schools and will be administered through the office of the school nurse. Frequent use of nonprescription medication may result in a parent contact.

Please ✓ yes for the nonprescription medications you consent for your child to receive. Also, it is important to ✓ no for all other medications

<b>Medication</b>	<b>Yes</b>	<b>No</b>	<b>Reason for Administering Medication</b>
Tylenol - 1 tablet 325 mg. every 4-6 hrs.			
Tylenol - 2 tablets 325 mg. every 4-6 hrs.			
Ibuprofen - 1 tablet 200 mg every 4-6 hrs.			
Anbesol			
Cough Drops			
Tums - 1 or 2 tablets			
Antiseptic (e.g. peroxide, alcohol)			
Antibiotic Ointment			
Caladryl			
Sting Kill Swabs			

Does the student have any known allergies or medical conditions relevant to the administration of nonprescription medication?  Yes  No If yes, please state the specific allergies or medication condition. \_\_\_\_\_

Please ✓ one—

- I authorize the school nurse to administer the nonprescription medication indicated above. In the event the school nurse is unavailable, I authorize other trained school personnel to administer this nonprescription medication.
- I authorize only the school nurse to administer the nonprescription medication listed above. In the event the school nurse is unavailable I do not want my child to receive this medication.

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**



