

Texico Municipal Schools
Parent/Guardian Consent Form

Non-Prescription Over-the-Counter Medications

This is a consent form for various over-the-counter medications that may be available for us in the nurse's office with parental consent. Please provide the information below for the medications listed should the need arise during the school day.

Parent/guardian contact will be attempted before medication is administered. Students requiring non-prescription medication more than 3 (three) time in one month, or more than 3 (three) days in a row will be referred for a medical evaluation.

Student Name: _____

Date of Birth: _____ Grade: _____

List all medication allergies: _____
(if none, please write "no known medication allergies")

Tylenol (acetaminophen)	Yes ____	No ____
Advil/Motrin (ibuprofen)	Yes ____	No ____
Benadryl	Yes ____	No ____
Antacid chewable	Yes ____	No ____
Cough Drops (generic)	Yes ____	No ____
Anti-itch cream	Yes ____	No ____
Anti-fungal cream	Yes ____	No ____
Antibiotic ointment (generic)	Yes ____	No ____
Burn Gel	Yes ____	No ____
Sting Wipes	Yes ____	No ____

Signature of Parent/Guardian

Date

Daytime Phone Number: _____

- Please be advised that this is the only time in your child's school career that you will be asked to sign this form giving consent for the above listed medications. This form will be maintained in your child's Health Record and will follow him or her throughout the Texico Municipal School District.
- If at any time you wish to change your mind about this consent, you will need to do so **in writing** at the school your child attends.