

## CONSENT FOR OVER-THE-COUNTER MEDICAL ASSISTANCE

Occasionally a student will come to the office requesting an over-the-counter medication to help alleviate the symptoms related to a headache, sore throat, cough, nausea, or fever. Often times, students require assistance with minor accidents resulting in scrapes, bumps, twists, rashes, insect bites/stings, ticks, etc...

**Please check appropriate box below in order for staff members to properly assist your child:**

- While my child is attending Salisbury Academy, I grant permission to Salisbury Academy staff members to use their best judgment in giving my child over-the-counter medications. I also grant permission to have my child's minor cuts/bumps/stings/etc. treated.
  
- While my child is attending Salisbury Academy, I grant permission to Salisbury Academy staff members to only give assistance to my child in cases where minor accidents like cuts/bumps/stings/etc. have occurred. No over-the-counter medications are to be given.
  
- While my child is attending Salisbury Academy, I do not grant permission to Salisbury Academy to give my child any medical assistance. I want to be contacted each time that my child makes any medical request.

It is understood that parents will **always** be contacted in case of fever, severe nausea, or serious accidents.

**Please list the specific "over-the-counter" medications that your child can take (ex: Children's Tylenol, Advil, Jr. Strength Motrin, Tums, Benadryl, cough drops, etc.) while at school. We also need to know what medications your child cannot take while at school. This is very important as we want to ensure the safety and health of your child while in our care.**

Over-the-Counter Medicines My Child Can Take:	Over-the-Counter Medicines My Child Cannot Take:

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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

Signed \_\_\_\_\_ Print Name of Parent/Guardian\_\_\_\_\_

Signed \_\_\_\_\_ Print Name of Parent/Guardian\_\_\_\_\_