



# Communal Medication Consent

PARENTAL CONSENT FOR MEDICATIONS ADMINISTERED FROM A COMMUNAL SOURCE AT SELA: Your written consent is required if you would like your child to receive any of these medications in case your child becomes ill during school hours.

**\*\*SELA cannot provide a medication to a child unless their parent AND pediatrician have BOTH signed this form.**

**Instructions:**

- Complete the entire form
- **Have your child's doctor sign the form**
- Check off exactly what medications our school staff are allowed to provide to your child.
  - Please note: SELA's School Nurse is authorized to give the first dose of any of the below over-the-counter medications to a student with signed parental consent, and the child will be closely monitored for any adverse reaction. Please be sure to indicate if your child has not previously taken any of these medications.
- If your child requires specific medications for allergies and/or asthma a separate doctor's allergy/asthma action plan is required

Student Name: \_\_\_\_\_ Student DOB: \_\_\_\_\_

**Medications:**

- Acetaminophen/Children's Tylenol liquid (Headache, toothache, fever >100 degrees F and pain) as requested by parent. Dose will be weight appropriate.
- Ibuprofen/Children's Advil liquid (Headache, toothache, fever >100 degrees F and pain) as requested by parent. Dose will be weight appropriate.
- Benadryl liquid (Mild allergic reactions, hives, rash). Dose will be weight appropriate.

**Additional Treatments**

- Hibiclens (Cleaning wounds and abrasions)
- Caladryl Lotion (itching, rashes, insect bites, poison ivy)
- Antibiotic Ointment (wounds and abrasions)
- Petroleum Jelly/Vaseline (Dry lips or skin)
- Sterile Isotonic Eyewash Solution (Eye irritation or foreign bodies)
- Diaper cream of parent's choice (to be applied for diaper rash w/ broken skin) to be sent in by parents.

You will always be notified the day your child receives any of the indicated medications. Would you like to be notified BEFORE your child receives any of these medications? **(Required for any medication not previously taken)** YES NO

Contact name and phone number: \_\_\_\_\_

My child is taking other medications at this time: YES NO

Please list medications: \_\_\_\_\_

Special instruction concerning my child: \_\_\_\_\_

I acknowledge I have reviewed the information and agree that my child can safely use these medications administered by a school staff person. **\*Dr Signature REQUIRED.**

OPT OUT: I do not give permission for my child to receive any of these medications while at SELA.

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

**Signature of Child's Pediatrician:** \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form to [selanurse@suescuola.com](mailto:selanurse@suescuola.com) by August 15<sup>th</sup> via email or mail.