

## MEDICATION CONSENT FOR OVER THE COUNTER MEDICATIONS

Dear Parent/Guardian,

Over the counter medications are not benign and carry the potential for great harm if misused or abused. At the same time it is understood that students may benefit from the appropriate use of nonprescription (over the counter) medications and that their use may facilitate the students return to class and remove temporary barriers to learning. The State of Kansas has guidelines in place to regulate the use of over the counter medications. For these reasons, St. John's Military School has implemented a policy allowing the school nurse or her designee to administer the following over the counter medications. These medications will be dispensed in accordance with standing orders approved by physicians at the Salina Clinic. Per Kansas law, administration of these medications requires the written consent from a parent or guardian. It is understood that when possible a generic equivalent of the listed medications will be substituted. It is also understood that in an emergency allergic reaction, epinephrine may be administered by a trained SJMS staff member.

Acetaminophen	Milk of Magnesia	Antacid	Triple Antibiotic Ointment
Cough syrup (DM)	Mucinex	Sudaphed	Biofreeze
Burn Spray/gel	Antiseptic Spray	Ibuprofen	Benadryl
Orasol Gel	Antifungal Cream	Maalox	Antifungal powder/spray
Hydrocortisone Cream	Cold tablets	Allergy tablets	Cough Drops
Claritin/Zyrtec	Chloraseptic	Immodium	

**Please cross out any medication on the list above that you do *NOT* want made available to your cadet.**

If your cadet needs any of the above medications on a regular or daily basis it will be necessary to consult with the physician to rule out any possible underlying problem.

In the case of Claritin/Zyrtec when requested daily, the medication will need to be supplied by the parent/guardian after (3) days, or it can be billed to your cadet's account.

In the case of Mucinex, when a 10-day cycle is needed/ordered, it will be billed to your cadet's account. Any other needed medication charges will be addressed on a case by case basis.

Please read and sign the following statement:

I hereby give my permission for my cadet to take the medications listed above as indicated. I further understand that the nurse or designated assistant shall not be held liable for any adverse reaction suffered by my cadet as a result of taking the medication when given as directed/ordered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Approved \_\_\_\_\_ Approved by \_\_\_\_\_ RN