

**Western Line School District
Non-Prescription Medication Administration
2024-2025**

Student's Name: _____ Teacher: _____

Dear Parent or Guardian:

The Western Line School District has obtained standing orders from Dr. Pulliam for the school nurse to administer medications for minor conditions. No over-the-counter medicine will be given in the absence of the school nurse. **If you want your child to receive any over-the-counter medicine while at school, you will be required to complete the form below and provide that medicine in the original container labeled with the student's name.** You must also provide a note stating what specific condition/complaint that medicine is to be used for.

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I, _____, give permission for the school nurse to administer the medications as listed below to my child, _____, while at school. I understand that there is no liability on the part of the school district, its personnel, or the nursing staff of Western Line School District for civil damages as a result of the administration of this medication to my child.

Parent signature: _____ Date: _____

Please mark appropriately for each medication.

	YES	NO
Acetaminophen (Generic Tylenol)	_____	_____
Antifungal Cream	_____	_____
Caladryl or Hydrocortisone Cream	_____	_____
Benadryl Cream	_____	_____
First Aid Cream	_____	_____
Ibuprofen (based on weight)	_____	_____
Tums or Pepto Bismol	_____	_____
Orajel	_____	_____
Throat Lozenges/Cough Drops	_____	_____

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