Western Line School District
Non-Prescription Medication Administration
2025-2026

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.**

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	____	____