



BISHOP MCDEVITT HIGH SCHOOL

1 Crusader Way, Harrisburg, PA 17111

717-236-7973 F: 717-234-1270

www.bishopmcdevitt.org

OVER-THE-COUNTER (OTC) MEDICATIONS

Bishop McDevitt High School has standing orders for 3 OTC medications, issued by the school physician. What this means is that the school nurses have permission to administer them without a prescription for each individual student. Any and all other medication(s) not listed below must follow the procedures identified in the school's medication policy before distribution can occur by a school nurse. In order for a child to receive any of the below OTC medications in school, this form must be signed by the parent/guardian, all guidelines identified below must be followed, and **the parent/guardian must provide an unopened, unexpired bottle of the desired medication(s), at the doses indicated below.** If changes are needed at any time, a new form must be signed and completed by the parent, otherwise, the below information will remain active for the identified student through his or her enrollment.

Nonprescription OTC medications

will be given to students under the following conditions and with the written consent of the parent/guardian:

1. No OTC medication will be given to a student more than two (2) times during the school day.
2. OTC medications intended for use over an extended period of time (IE every day) must be accompanied by a doctor's order.
3. The school nurse will notify the parent/guardian with any concerns regarding any of the below OTC medications as needed.
4. The school nurse may refuse distribution of any of the below OTC medications for medical reasons. The school nurse will notify the parent if such refusal does occur.

By my signature below I authorize the following OTC medications to be administered to:

(Student Name) _____

during the school day in accordance with guidelines set forth in this document. I understand that my authorization only applies to those OTC medications identified and approved on this document.

Please check all that apply

☐ Acetaminophen (2 tablets of 325 mg)

☐ Calcium Carbonate (i.e. Tums) (2 chewable 500 mg)

☐ Ibuprofen (2 tablets of 200 mg)

Student Name _____ Grade _____

Parent Signature _____ Date _____