

**Fort Zumwalt School District**  
**Health Care and Over-The-Counter Medication Consent Form**  
**(For Health Care and OTC products provided by the School District)**

Student's Name (Please Print): \_\_\_\_\_ School Year: \_\_\_\_\_

Dear Parent or Guardian:

The Fort Zumwalt School District, with parent/guardian written consent, will provide basic treatment for minor illness and injury while at school. The district may also administer the following non-prescription, over-the-counter medications, based on nursing assessment, with parent/guardian consent:

**Anti-itch**

Benadryl cream  
 Caladryl/Calamine lotion  
 Hydrocortisone cream 0.5% & 1%

**Eye Care**

Contact lens  
 solution/lubricating drops  
 Saline solution eye  
 wash/irrigation  
 Visine A.C.

Visine eye drops

**Oral/Dental**

Anbesol/Oragel  
 Chapped lip ointment  
 Sore throat spray  
 Salt for gargle  
 Vaseline Petroleum

Dental wax

**Wound care**

Bactine/Wound care wash

Burn cream

Triple Antibiotic ointment

**Miscellaneous**

Isopropyl alcohol  
 Aloe Vera  
 Baking Soda  
 Hydrogen peroxide  
 Mineral Ice for sore muscle  
 Sting Kill (for insect bites)  
 Antacids/Tums

**Acetaminophen:** – registered nurse can give acetaminophen one (1) time only during the school year for a headache, pain, fever, injury or menstrual pain. The parent/guardian must give verbal permission.

\*generic version of all OTC medications are acceptable

**Emergency Medication**

In an effort to serve the students of the Fort Zumwalt School District, as well as meet the medication guidelines of the State of Missouri and policies set by the School Board, the following emergency medication should be available:

**Albuterol:** – (aerosol) for asthma related reactions in emergency, potentially life threatening situation

**Benadryl tablets/liquid:**- for allergic reaction

Age 5-11: Benadryl liquid 1-2 tsp or 25 mg X1 for allergic reaction without signs of anaphylaxis if parents cannot be reached

Age 12 – 21: Benadryl 1 or 2, 25 mg capsules X 1 for allergic reaction without signs of anaphylaxis if parents cannot be reached

**Epi-Pen:** emergency use for allergic reaction/anaphylaxis      **Oxygen:** emergency use

**Glucose testing:** supplies for emergency only

I, \_\_\_\_\_ (parent name) ,give the Fort Zumwalt School District nurse or designee permission to treat my child \_\_\_\_\_ (student name), to include the above-referenced over-the-counter medication(s) as needed, but not to exceed manufacturer's recommendations.

This signed consent form shall remain valid for the current school year. *Note: If a child demonstrates habitual usage of over-the-counter medications, a doctor's order may be requested to verify that ongoing symptoms have been evaluated and the parent may be required to provide the medication.*

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please contact the nurse individually should you request to send in a separate supply of over-the-counter medication or if the student has a need for taking prescription medication while at school.

**\*State law requires parental consent in order for the school nurse to treat your child\***