

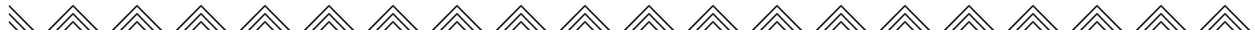


# ISAAC SCHOOL DISTRICT NO. 5

3348 West McDowell Road  
Phoenix, Arizona 85009-2416  
602-484-4112 Fax 602-455-6701  
Mario Ventura, Ed.D. Superintendent

## PARENT CONSENT FOR GIVING OVER-THE-COUNTER MEDICATIONS

In the Spring of 1978, the Arizona Legislature passed a law allowing the school nurse to dispense OTC (over the counter medications/drugs that do not require a prescription). Written permission is necessary before any medication can be given to your child. If written permission isn't available, then verbal permission may be obtained for each episode. Written permission is valid for each school year. If you have any questions regarding this, please contact the Health Center/School Nurse at your child's school.



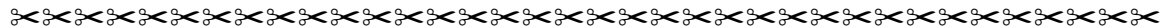
### MEDICATIONS:

Oral            Tylenol (headache/pain), Advil (headache/pain)

Topical        Tinactin (Athlete's foot/ringworm), Antibiotic Cream (cuts/abrasion)  
Hydrocortisone (itching), Calamine (insect bites/itching)

Others        Chloroseptic Spray (sore throat), Antacids (upset stomach), Throat  
Lozenges (sore throat)

Procedures   Splinter Removal, Application of Heat and Cold, Blood Sugar Testing,  
Salt Water Gargle.



### **PLEASE COMPLETE THE FORM BELOW AND RETURN IT TO THE SCHOOL NURSE**

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

I AUTHORIZE THE SCHOOL NURSE/HEALTH ASSISTANT TO ADMINISTER MEDICATIONS LISTED ABOVE OR DO PROCEDURES, IF NEEDED, FOR MY CHILD.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

