

# Permit to Take Medications

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

## A. Non-Prescription Medications

**Ibuprofen or Acetaminophen:** If your child develops a fever, or has pain during the school day, it may be appropriate to administer Acetaminophen (Tylenol) or Ibuprofen (Advil, Motrin) dosed according to your child's weight. If you would like your child to have Tylenol or Ibuprofen at school, when needed for pain or fever, you must send in the medicine, and label the bottle with your child's name. Please check that the expiration date is after the school year ends (June 10, 2017 or later).

**Benadryl:** Benadryl is an antihistamine that would only be given to your child in the event of a sudden, allergic reaction, such as facial swelling, hives or difficulty breathing. Administration of Benadryl is usually the first, but not always the only treatment for serious allergic reactions. Dosage is determined by your child's weight. Benadryl would not be given for less serious reactions, such as allergies to dust or pollen, because it is quite sedating. If your child has had a previous serious allergic reaction, or your family history suggests a reaction is possible, send in a bottle of Children's Benadryl, labeled with your child's name. Please check that the expiration date is after the school year ends (June 10, 2017 or later).

If any of the medications are given to your child (other than sunscreen), you will be notified, in writing.

## B. Topical Medications

**Sunscreen:** While outdoor activities alternate between sunny and shady locations, it is wise to apply sunscreen before outdoor activities, especially in the warm weather months. If you would like to have sunscreen applied to your child, please send it in, and label the bottle with your child's name.

**Neosporin or Polysporin Ointment:** Research shows even small abrasions heal faster and with less chance of infection or scarring if an antibiotic ointment is used in addition to a bandage. If you would like to have Polysporin or Neosporin used on your child's skin abrasions, please send it in, and label the tube with your child's name.

## C. Prescription Medications

Prescription medications must be in the original pharmacy container, with the physician's instructions clearly written on the label. If the dose of the medication changes, written documentation from the physician or a new pharmacy bottle is required.

*The Harker School has my permission to give the checked medications and/or those written in, which I have provided in an original container, labeled with my child's name. I have confirmed that the medication I'm providing has expiration dates after the school year ends (June 10, 2017 or later).*

Medication	Time of Administration	Reason for Medication	Returned to Parent

(please check all medications you approve for your child)

Medication	Time of Administration	Reason for Medication	Returned to Parent
<input type="checkbox"/> Acetaminophen (Tylenol)	Use as needed	For pain/fever	
<input type="checkbox"/> Ibuprofen (Advil, Motrin)	Use as needed	For pain/fever	
<input type="checkbox"/> Benadryl	Use as needed	For allergies	
<input type="checkbox"/> Sunscreen	Use as needed	Sun protection	
<input type="checkbox"/> Polysporin or Neosporin	Use as needed	Care for cuts and scrapes	

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Electronic signatures are not accepted.  
Please print this form, sign it and return completed form.**