



Trinity Lutheran Christian School & Early Learning Center

## **MIDDLE SCHOOL** CONSENT FOR **ADMINISTRATION** OF APPROVED DISCRETIONARY MEDICATIONS

1100 Philadelphia Road, Joppa, MD 21085

(P) 410 679-4000, Ext. 111

(F) 410-679-3472

[www.tlsonline.org](http://www.tlsonline.org)

Dear Parent or Guardian:

This is a consent form for the administration of certain nonprescription/over-the-counter medications which will be available, at no charge, for all middle school students. This service is available to alleviate your student's minor discomfort and to avoid early dismissal from school. These medications are approved by the Deputy Health Officer, Harford County Health Department. This service helps our students improve attendance and enhances academic performance.

Your consent must be obtained before any medication is given to your student. Only the School and Early Learning Center Health Professional may administer these medications in accordance with established protocols. The consent form lists the medications which may be available. Please complete the consent form and return it to school. The consent is in effect for this school year only and will need to be renewed at the beginning of each school year.

Approved discretionary medications are intended for occasional use only. If your student requires any prescription or nonprescription medication on a regular basis, you must obtain a written order from your health care provider and supply the medications.

If you have any questions or would like further information, please call our School and Early Learning Center Health Professional at extension 137.

Sincerely,

School and Early Learning Center Health Professional

# CONSENT FOR APPROVED DISCRETIONARY MEDICATIONS

Name of Student:

Student's Date of Birth:

Grade:

Weight:

Medication Allergies/Sensitivities:

List any long-term medications your student receives:

Medical/Health Problems:

## Name of Student

I give permission for my student \_\_\_\_\_ to receive any medication listed below as deemed necessary by the School Nurse. I understand that generic equivalent medications may be use.

**I would like the following medication(s) made available to my student (please check):**

Chewable Antacid Tablets (like Tums) - FOR UPSET STOMACH

Cough Drops - FOR COUGHS

Diphenhydramine (like Benadryl) - FOR MILD ALLERGIC REACTIONS

Acetaminophen (like Tylenol) FOR HEADACHE / FEVER / BURNS / EARACHE

Ibuprofen (like Advil - 12 & older) - MUSCLE ACHES / PAIN / MENSTRUAL CRAMPS

I understand that the above medications I have checked will be administered by the School Nurse in accordance with established protocols developed by the Deputy Health Officer, Harford County Health Department.

**I DO NOT WANT ANY MEDICATIONS GIVEN TO MY CHILD IN SCHOOL.**

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*The information provided above is complete and accurate. I agree to immediately notify Trinity Lutheran Christian School of any changes.*

Signature of Parent/Guardian:

Date of Signature: