

# Bishop Neumann Catholic Jr.-Sr. High School

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## Parental Permission Form for Over-the-counter (OTC) Medications

Name **(Each student needs their own form.)**: \_\_\_\_\_ has/have permission to take the following OTC medication(s) on an as needed basis:

**Note: You must indicate which OTC medication your child/children can take as well as the dose and amount.**

\_\_\_\_\_ Ibuprofen (Advil, Motrin) 200 mg. \_\_\_\_\_1 or \_\_\_\_\_2 every 4 hours.

\_\_\_\_\_ Acetaminophen (Tylenol) \_\_\_\_\_325 mg. \_\_\_\_\_1 or \_\_\_\_\_2 every 4 hours

**OR** \_\_\_\_\_500 mg. \_\_\_\_\_1 or \_\_\_\_\_2 every 4 hours

I understand that doses over the amount listed on the label cannot be given without a written order from a licensed healthcare provider (MD, PA, Dentist, Nurse Practitioner, etc).

I will provide any OTC medication for my child/children. Family members may share a bottle.

The above medications may be taken for the following symptoms/complaints: **(Check all that apply.)**

\_\_\_\_\_ Headache      \_\_\_\_\_ Back pain      \_\_\_\_\_ Menstrual pain

\_\_\_\_\_ Muscle or body aches      \_\_\_\_\_ Other (Please explain below.)

**Other medication my child may take with complete directions:** (Examples: decongestants, cough medicines, antacids. "Mary may take Sudafed 30 mg. Two every 4 hours if she needs to for a sinus headache. She can take Tylenol with the Sudafed.")

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This form will be kept on file for the current school year.

I understand that it is my responsibility to notify the school if my child/children become unable to take any of these medications during the school year. I understand that it is my responsibility to monitor the effects of these medications as well as possible side effects/adverse reactions for my child/children.

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

\_\_\_\_\_  
Date

Revised 7/2009 Linda Hoven, RN