

# Hortonville Area School District

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## 2011-2012 School Year

### Parent/Guardian Consent for Administration of Over-the-Counter Meds

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

I have sent the following medications in for my child to take while he/she is at school:

Tylenol (Acetaminophen) Dosage \_\_\_\_\_ Every \_\_\_\_\_ hours

Advil (Ibuprofen) Dosage \_\_\_\_\_ Every \_\_\_\_\_ hours

Other \_\_\_\_\_ Dosage \_\_\_\_\_ Every \_\_\_\_\_ hours  
(Please Specify)

Other \_\_\_\_\_ Dosage \_\_\_\_\_ Every \_\_\_\_\_ hours  
(Please Specify)

**Any medications that have been sent in must be stored in the Health Room. If medications have expired, according to the expiration date on the bottle, we cannot administer them to your child. All medications will be sent home at the end of the school year. Each student must have this consent form signed by a parent/guardian and submitted to the school Health Room at the beginning of each school year.**

I hereby give my permission to the school nurse or health aide to give this medication to my child according to the directions stated above.

I further agree to hold the Hortonville School District and the above person not liable in any and all claims arising from the administration of this medication at school.

I agree to notify the school in writing when any changes in the above orders are necessary.

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

\_\_\_\_\_  
Date