

Woodland Park School District RE-2

Standing Order for Over-The -Counter (OTC)
Medication Permission Form
2019-2020

Student: _____ DOB: _____ Grade: _____

I give permission for WPSD RE-2 to administer the following OTC medication to my child to assist him/her to complete the school day. I understand this is for emergencies only and if my child needs the following medication on a regular basis I will fill out the standard Medication Permission form and supply the OTC medication for my child. This form will need to be completed annually.

_____ **I would not like my child to receive any Over-The-Counter medications.**

Initial below for each medication you would like the school to administer if requested by the student.

_____ Acetaminophen/Tylenol

_____ Ibuprofen/Advil

_____ Cough Drops/Throat Lozenges (Parent should send to school)
The school will have peppermints.

_____ Antacid/Tums

_____ Diphenhydramine/Benadryl

List any allergies your child has to medications:

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by the Woodland Park RE-2 School District, the undersigned parent or guardian hereby agrees to release Woodland Park RE-2 and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.

Yes ___ No ___ I would like to be contacted prior to any medication being administered.

Parent/Guardian Signature: _____ Date: _____