



# Delmarva Christian High School

## 2018-2019 Non Prescription Medication Administration Forms

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ Allergies \_\_\_\_\_

Current Medications: \_\_\_\_\_

\*Please check each medication your child may receive on an as-needed basis from the school nurse

<input type="checkbox"/> Anbesol or Orajel	<input type="checkbox"/> Motrin or Advil
<input type="checkbox"/> Benadryl	<input type="checkbox"/> Neosporin
<input type="checkbox"/> Benadryl Topical Lotion or Spray	<input type="checkbox"/> Sterile Eye Wash
<input type="checkbox"/> Calamine Lotion	<input type="checkbox"/> Sunscreen (parent must provide)
<input type="checkbox"/> Cough Syrup	<input type="checkbox"/> Tums or Maalox
<input type="checkbox"/> Cough Drops	<input type="checkbox"/> Tylenol
<input type="checkbox"/> Hydrocortisone Cream	<input type="checkbox"/> Vaseline (used as skin/lip protectant)
<input type="checkbox"/> Insect Repellent (parent must Provide)	_____
	_____

\*By signing below, you acknowledge and agree to the following:

1. The parent or guardian **MUST** make school nurse aware of any allergies (especially to medication) or medical conditions your child has, and also of any medication your child takes on a regular basis.
2. Restraint must be used by the school nurse in dispensing non-prescription medications. The child's complaint and symptoms must be assessed to determine if other measures can be used before medication is given.
3. All medications sent to school must be in the **original container**, and kept in the nurse's office. The only exception is for certain emergency medications. If your child has an emergency medication, you **MUST** make arrangements with the nurse.
4. Dosage and frequency for all medications is determined according to package directions, unless otherwise ordered by physician or other qualified healthcare provider. Medications administered by school nurse may be name brand or generic equivalent.

I have read and agree to the above section and give my authorization for the school nurse to administer ONLY the medications I have checked above:

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Phone(Daytime)

\_\_\_\_\_  
Date

### **DECLINE/REFUSE NON-PRESCRIPTION MEDICATIONS**

I have read the above section and do not give my authorization for the school nurse to administer any of the above non-prescription medications to my child. I understand I may revoke this refusal in writing at any time.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



## Delmarva Christian High School

### Medication Policy

In accordance with Delaware State Law, staff members other than a nurse or doctor may not administer medications. To accommodate student needs and their growing independence with the part time nurse position DCHS has established the following medication policy.

#### **Prescription Medications**

Students with written parental and physician approval may carry on their person the following medication. They are to be in the original bottle. Inhalers are to have their prescription adhered to the canister or they must be in the original box.

- Asthmatic medications
- Anaphylactic medication
- Allergy Medications
- Diabetic Medication
- Antibiotics

Students may not carry on their person any controlled substance. These medications will be maintained in the main/nurses office under lock and key for each individual student.

#### **Non-prescription (over the counter) medications**

Students with written parental and physician permission may carry on their person the following medications. These medications should be carried in individual dose packs or limited quantity (2-3 doses) in original bottle.

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Naproxen Sodium (Aleve)
- Antacid tablets (Tums, Rolaids)
- Pamprin/Midol
- Allergy/cold relief medication

All medications are for the specific student and under NO circumstances may any medication be shared with any other student, siblings included. All medications with the exception of emergency medications must be taken in the main/nurses office. The student is to have the appropriate signed forms on file, carry limited supply in the original bottle. If the nurse is present she will assess and administer the approved medication. If the nurse is not present the student is to sign in, complete the medication log, notify parent if requested, take medication, sign out and return to class. The nurse will review the medication log the next workday. If the parent so chooses or staff deems necessary, the parent may come into the school and administer the medication to their child.

*A Higher Standard*

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