



**CENTER INDEPENDENT SCHOOL DISTRICT HEALTH SERVICES**

OVER THE COUNTER MEDICATION / EMERGENCY MEDICATION CONSENT SCHOOL YEAR : 24-25

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

**Please initial one of the following :**

**YES**, I give permission for the school nurse or trained personnel to administer over the counter medications that are listed on this form, and emergency medications as needed, with discretion as ordered by the District's Medical Director.

**NO**, I do not give permission to the school nurse or trained personnel to administer ANY over the counter medications without contacting me first.

**CISD Standing Orders for First aid, Over-the-Counter Medications, and Emergency Medications**

1. **Vaseline:** applied to chapped lips
2. **Antiseptic Wound Cleanser:** to cleanse a wound
3. **Triple Antibiotic ointment (i. E. Neosporin):** applied topically to skin for wounds with potential for infection
4. **Hydrocortisone cream:** applied to areas of skin inflammation
5. **Anti-Itch Cream (i. E. Benadryl):** to areas of skin for itching, rashes, mild allergic skin reactions
6. **Hydrogen Peroxide:** to clean infected or purulent or infected wounds, not fresh cuts
7. **Alcohol:** applied to cleanse skin as needed
8. **Ice pack:** applied to sprained ankle or wrist, bumps, and/or insect stings to ease discomfort
9. **Caladryl/Calamine Lotion:** applied to skin for itching or rashes (i. E. insect stings, poison oak)
10. **Aloe Vera gel:** applied to skin for itching or discomfort associated with rashes, burns
11. **Sting Kill:** applied to skin for insect bites or stings
12. **Orajel-** for tooth or gum aching
13. **Burn cream/spray/gel-** applied to minor burns
14. **Sterile Isotonic eye solution-** to flush eye for eye irritations
15. **Artificial Tears eye drops-** for temporary relief of itchy, dry eyes
16. **Cough drop/ Vicks Vapo Rub -**used as needed for cough/sore throat/congestion
17. **Chloraseptic throat spray-** sprayed into throat as needed for cough/sore throat
18. **Acetaminophen (Tylenol)-** administered for headache, minor pain, and/or temperature of 100°F and above
19. **Ibuprofen (Advil, Motrin)-** administered for headache, minor pain, and/or temperature of 100°F and above
20. **TUMS-** for stomach ache (if student has no fever and is not ill-appearing)
21. **Pepto Bismol-** for stomach ache (if student has no fever and is not ill-appearing)
22. **Benadryl-** to be given for mild allergic reactions- **MAY CAUSE DROWSINESS**
23. **Midol-** for relief of menstrual cramps
24. **Oral glucose gel-** to be given for students with symptomatic low blood sugar on an **emergency basis**
25. **Oxygen-** may be administered to a student for a life-threatening breathing condition or respiratory distress on an **emergency basis**
26. **Albuterol-** may be administered to a student who appears to be in respiratory distress or showing signs of an acute asthma attack on an **emergency basis**
27. **Epinephrine-** may be administered to a student for a life-threatening allergic reaction on an **emergency basis**
28. **Naloxone -** may be administered when opioid overdose is suspected.

**CISD OTC Medication Guidelines Regarding Medications to be Taken at School or School-Related Events**

In order to comply with the Texas Education Agency's recommendations and Local School Board Policy, the procedures below will be followed for administration of medication to a student.

All medications to be given to a student on a routine or as-needed basis must be kept in the nurse's office\* and brought to the school in its ORIGINAL, LABELED container. Center ISD is unable to store any medication over the summer, and will dispose of all medication left after the last day of school. Medication should be given by Center ISD staff ONLY if it is impossible for the medication to be given at home at a time other than school hours. \*EMERGENCY medications for asthma, anaphylaxis, and diabetes may be carried by the student on his/her person with parent, physician, AND nurse authorization.

Non-prescription (over-the-counter/OTC) medications other than standing orders above require a doctor's signature as well as a parent signature; the medication must be in the original container with the expiration date noted. OTC medications may be left in the clinic during the entire school year with a signed authorization form.

**PLEASE READ CAREFULLY** CISD CANNOT and WILL NOT GIVE ANY MEDICATION WITHOUT SIGNED PARENTAL CONSENT. You have the option on this document to select whether or not you wish for the school nurse or trained personnel to administer the medications for MINOR injuries or ailments as listed without contacting you first. In the event of an emergency, injury, or an acute illness, CISD designees will always use their judgment and contact you if needed. \*For any medication not listed on this form that your student may need to take at school or school-related events, written parent/physician authorization MUST be on file. This includes inhalers and any other "as-needed" or emergency medication.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_