

**PIMA UNIFIED SCHOOL DISTRICT
OVER-THE-COUNTER MEDICATION CONSENT**

Please check the medications you want your child to receive if the need arises during the school day. If your child needs prescription medication at school it must be brought in by the parent in the original container and a different form needs to be completed.

Acetaminophen (Tylenol) tablets/liquid Benadryl for allergies (ages 6 & up)
 Ibuprofen (Motrin) Throat/cough lozenge
 Antacid; chewable tablets
 Topical medication (orajel for sore gums, triple antibiotic ointment for minor scrapes and cuts, topical analgesic lotion for relief of itching skin.)

Student's Name _____ DOB _____ Grade _____ Teacher _____

Mother's Name _____ Home # _____ Work # _____

Father's Name _____ Home # _____ Work # _____

Child lives with _____

List three individuals that the school may contact if unable to reach you in case of any illness or emergency. Please be aware that under any circumstance your child may only be released to these individuals unless notified by the parent/guardian.

1. _____ Phone # _____ Relationship to child _____

2. _____ Phone # _____ Relationship to child _____

3. _____ Phone # _____ Relationship to child _____

Your current family doctor _____ Dentist _____

Consent for Emergency Care

I give permission to the Pima school nurse, qualified school officials, medical physician or hospital my consent and authorization to render medical aide or treatment to the above named student in the case of an emergency occurring during the school day or during a school sponsored activity. I also understand and acknowledge that every attempt possible will be made to notify myself and the above listed emergency contacts should such an emergency arise.

Date _____ Signature of parent or legal guardian _____

Please fill out health information on back.

MEDICAL HISTORY

Please answer yes or no as it pertains to your child. If answering “yes” please fill in the date the problem started.

YES	NO	MEDICAL CONDITION	DATE	COMMENTS
		Allergies: Seasonal, food, medication, other <i>(Circle what applies and list specific allergies in comments.)</i>		
		Asthma		
		Diabetes		
		Seizure disorder		
		Heart condition		
		Gastrointestinal issues		
		Birth defects		
		Kidney Disease		
		Attention Deficit Disorder/Hyperactivity		
		Chicken Pox (Must list month/year)		
		Glasses/Contacts		
		Hearing Impairment		
		Other:		

Please list any medications that your child takes for any of the above conditions or for anything else.

If your child should have any significant health changes please notify the school nurse.