

**Superintendent's Office**  
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**Board of Trustees**  
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## Consent For “Over the Counter” Medications School Year 20\_\_-20\_\_

**Student's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Medication Allergies** \_\_\_\_\_ **Grade** \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to receive any medication I have indicated below, with physician approval, as deemed necessary by the school nurse, or her designee. I understand that generic equivalent medications may be used in place of more expensive brand names and that medications must be given to the school health office in their *original bottle/tube*.

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**License #:** \_\_\_\_\_ **Office Phone Number:** \_\_\_\_\_

Medication (circle choices preferred)	Dosage/Frequency	Indication	Dr, Initial below for “Yes, I give permission”
Ibuprofen (Motrin/Advil) ----- Acetaminophen (Tylenol)	-----	General pain <i>associated with</i> headache, toothache, orthodontics, injury, menstrual cramps, fever	-----
Antacid (Tums)  Pepto-Bismol  Maalox	For children 12 years and older only- as per label or as directed by a physician	Acid indigestion, heartburn, upset or sour stomach.  As an anti-flatulent to alleviate gas symptoms	
Diphenhydramine (Benadryl)	As per medical providers order.	Allergic Reaction: hives, rash, anaphylaxis	
Hydrocortisone Cream ----- Sting Relief Swab (contains .8ml medicaine, 20% Benzocaine and 1% menthol))	As per medical providers order	Skin irritation, itching, minor scrapes and cuts ----- Minor itching/pain associated with Insect bite/stings	-----

