



NON-PRESCRIPTION MEDICATION REQUEST with the addition of Dramamine for administration during School Field Trip

Health Services
 Mat-Su Borough School District
 501 N. Gulkana
 Palmer, AK 99645
 P: (907) 746-9200

The Matanuska-Susitna Borough School District will assist parents by administering approved non-prescription medication for a short time. Approved non-prescription medications are limited to Acetaminophen (Tylenol), Ibuprofen (Advil, Motrin), Calcium Antacids (Tums), Lactose Enzymes (Lactaid), Cough Drops, and Diphenhydramine (Benadryl). Dimenhydrinate (Dramamine) may be used as an approved OTC medication for school field trips. The OTC medication administration form must be completed and signed by the parent or guardian at the time of the field trip permission forms. Dosing for approved nonprescription medication will not exceed the manufacturer’s instructions found on the original container. All other non-prescription medication must be authorized, in writing, by a health care provider with prescriptive authority.

All medications must be FDA approved and regulated and delivered to the school by the parent/guardian or his/her adult representative in the original, non-expired container with a manufacturer’s label identifying the medication, dosage schedule and the student’s name. NOTE: In accordance with BP 5144.1 STUDENT RIGHTS AND RESPONSIBILITIES No student may possess over the counter medications (e.g., No-Doz, aspirin, vitamins, herbal supplements, liquid cough and cold medications, etc.) Possession shall include lockers, backpacks, and vehicles.

Medication requests must be deemed necessary to maintain or improve health and allow participation in the school program. Prolonged use of non-prescription medications, for conditions other than the relief of symptoms of a minor illness, requires a review by the school nurse, school medical advisor and the principal. Permission for use will be contingent on the benefit to the student vs. the potential for any harm, such as abuse of medication or disruption to other students.

I give permission for (**Check all that apply NOTE if none are checked No Medication will be given**)

Acetaminophen (Tylenol) <input type="checkbox"/>	Ibuprofen (Advil) <input type="checkbox"/>	<input type="checkbox"/> Tums <input type="checkbox"/> Dramamine <input type="checkbox"/> Benadryl/Cetirizine
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I, _____ (Name of Parent/Guardian) give permission for my child to receive _____ (Name of Medication) for the following condition: _____ . I do not hold _____

School or the Matanuska-Susitna Borough School District responsible for any consequences or benefits of the medication. I will notify the school nurse if I give this medication to my child before arrival at the school, to prevent an overdose. I understand that any medication not picked up in a timely manner will be discarded.

	Date	Parent/Guardian Signature				
DATE						
TIME						
BY						

Medication Administration Record (for school use only)