

**CLOVIS MUNICIPAL SCHOOLS**  
**PARENT/GUARDIAN CONSENT FORM**  
**NON-PRESCRIPTION OVER-THE-COUNTER MEDICATIONS**  
**(Junior and Senior High Students)**

Dear Parent/Guardian:

Occasionally your child may unexpectedly need non-prescription over-the-counter medication during a school day. For these occasions the Clovis Municipal Schools must have written parental permission. Examples include – headache, minor muscle aches, menstrual cramps, dental pain, etc.

Each school nurse maintains a supply of **regular strength Tylenol** and **Ibuprofen** for student use. The school nurse will provide any non-medical treatment prior to Tylenol or Ibuprofen administration. The school nurse can also apply **non-prescription topical antibiotic** to injuries such as minor cuts and scrapes.

Students requiring non-prescription medication more than 3 (three) times in one month, or more than 3 (three) days in a row will be referred for a medical evaluation.

**Please provide the information below and return this form to the school nurse if you want your child to receive Tylenol or Ibuprofen or topical antibiotic ointment should the need arise during the school day. Parent/guardian contact will be attempted before medication is administered.**

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

List all medication allergies \_\_\_\_\_

If none, write “No Known Medication Allergies” \_\_\_\_\_

I authorize the school nurse to give the following non-prescription medication(s) to my child (**check all that apply**):

\_\_\_\_\_ Tylenol – regular strength

\_\_\_\_\_ Ibuprofen – regular strength

\_\_\_\_\_ Topical Antibiotic Ointment

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

Daytime phone number \_\_\_\_\_

- ❖ Please be advised that this is the only time in your child’s school career that you will be asked to sign this form giving consent for Tylenol, Ibuprofen, or Antibiotic Ointment. This form will be maintained in your child’s Health Folder and will follow him or her throughout the Clovis Municipal School District.
- ❖ If at any time you wish to change your mind about this consent, you will need to do so **in writing** at the school your child attends.