

# OVER THE COUNTER MEDICAL CONSENT FORM

\_\_\_\_\_  
Student's Name

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

WSES  
\_\_\_\_\_  
School

**2022-2023**  
**School Year**

The following standing orders may be implemented if a parent/guardian electronically signs this form. Parents/Guardians are encouraged to supply the school with the medication below should it be necessary. The District may have a stock supply but availability is not guaranteed. If the Health Office has a stock supply, pupils may be supplied with a dose as directed on the bottle. It is understood that the pupil will only be given medications listed if there is a need relevant to the medication provided. The stock supply of medication may include any brand and formula.

Students are **NOT** permitted to carry these medications with them at school.

**Please select medication(s) you would like your student to be able to take:**

- Acetaminophen
- Ibuprofen
- Antihistamine
- Mylanta/Tums/Rolaids/Pepto Bismol (Bismuth Subsalicylate)
- Cough drops
- Anbesol/Orajel
- Normal Saline
- Over the counter topical preparations  
(anti-itch, anti-fungal, anti-bacterial, bum gel, barrier cream, vaseline)
- Insect repellent
- Hand/body cream/moisturizers/lotions
- Sunscreen
- Contact solution may be used as directed on the bottle
- Accuchecks or blood sugars may be performed as deemed necessary for  
signs/symptoms of low/high blood sugar

Please list ANY allergies your child has: Allergies:

I consent that my child may receive a medication listed on the standing orders listed above. I understand that medication will only be given after my child is evaluated by a Health Office Team member and the medication is deemed an appropriate therapy.

***Forms can be emailed to [wsnurses@wsalem.k12.wi.us](mailto:wsnurses@wsalem.k12.wi.us).***

Any questions can be directed to Kate Brohmer, RN, BSN, District Nurse at [brohmer.kate@wsalem.k12.wi.us](mailto:brohmer.kate@wsalem.k12.wi.us)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Telephone #