BALTIMORE COUNTY PUBLIC SCHOOLS
Office of Health Services

Consent for Administration of Approved Discretionary Medications and Health Contact Information

Last Name: _____ **First Name:** _____ **Date of Birth:**_____

School:_____**Grade /Teacher:**_____

Allergies (include all allergies): _____

List all medications your child receives on a regular or as needed basis: _____

_____

Medical/Health Problems: My Child is followed by a healthcare provider for: (Check all that apply)

☐ Asthma ☐ ADHD ☐ Diabetes ☐ Migraines ☐ Seizures ☐ Other (describe) _____

Is there a health problem that would prevent full participation in the school program or physical education program?

☐ No ☐ Yes Describe:_____

I would like the following medication(s) made available to my child: *(please check)*

For Headache/Fever/Burns/Earache/Muscle Aches/Pain/Menstrual Cramps

☐ Acetaminophen *(like Tylenol)*

☐ Ibuprofen *(like Advil)*
(age 12 and older/age 9 for menstrual cramps)

For Upset Stomach

☐ Chewable Antacid Tablets *(like Tums)*

For Mild Allergic Reactions

☐ Diphenhydramine *(like Benadryl)*

For Coughs/Sore Throats

☐ Cough Drops

For Diaper Rash

☐ Zinc Oxide

☐ **I do not want any medication given to my child in school.**

Contact Information

Parent/Guardian 1 Name: _____ Parent/Guardian 2 Name: _____

Parent/Guardian 1 Home Phone: _____ Parent/Guardian 2 Home Phone:_____

Parent/Guardian 1 Cell: _____ Parent/Guardian 2 Cell: _____

Parent/Guardian 1 Work: _____ Parent/Guardian 2 Work: _____

Parent/Guardian 1 EMAIL: _____ Parent/Guardian 2 EMAIL: _____

Parent/Guardian Home Address: _____

Persons to whom student may be released other than parent:

Name: _____ Phone Number(s):_____

Name:_____Phone Number(s):_____

Do you need assistance in obtaining health insurance for your child? No ☐ Yes ☐

I understand that the above medications I have checked will be administered by the Registered Nurse/School Nurse in accordance with established protocols developed by the Chief Physician of School Health Services for the Baltimore County Department of Health and the Coordinator of Health Services for Baltimore County Public Schools. I understand that generic equivalent of medications may be used. My signature authorizes the release of my child to the persons listed on this page.

_____ _____

Signature of Parent **Date**

Annual Consent for Administration of Discretionary Medications and Health Contact Information

Dear Parent or Guardian:

On the reverse side of this letter is a form that provides the school nurse with updated health information on your child, a list of persons to be contacted in the case of an illness or injury and a section to indicate your consent for the administration of certain nonprescription medications which are available, at no charge, for all students. **This form must be filled out each school year.**

The nonprescription medication program (called Discretionary Medications) is designed to alleviate minor discomforts and to prevent unnecessary early dismissals from school. These medications are approved by the Director of School and Adolescent Health, Baltimore County Department of Health and Human Services, and the Coordinator, Office of Health Services, Baltimore County Public Schools.

Your consent must be obtained before any medication is given to your child. Only the School Nurse may administer these medications in accordance with established protocols. The consent form lists the medications which may be available. Please complete the consent form, and return it to the school nurse.

Approved discretionary medications are intended for occasional use only. If your child requires any prescription or nonprescription medication on a regular basis, you must obtain a written order from your health care provider and supply the medications.

If you have any questions or would like further information, please contact your school nurse.

Sincerely,

Deborah Somerville, RN, MPH
Coordinator
Office of Health Services
Baltimore County Public Schools

Mark Melzer, MD
Acting Director, Bureau of Clinical Services
Director of School and Adolescent Health
Baltimore County Department of Health and Human Services