

OTC Permission Form

This form is to be completed annually for every student in the case that it becomes medically necessary to administer medication and/or healthcare services both at The Cambridge School and during off-campus field trips and activities.



INDIVIDUALIZED HEALTHCARE PLAN

The Cambridge School supports parents in providing medically necessary medication administration and healthcare services at school. Whenever possible, it is safest and preferred for medications to be administered at home. The school nurse will work with parents of students with specific health concerns to develop a safe and efficient **Individualized Healthcare Plan**.

- The following specific **Action Plans** include physician orders:
 - **Asthma Action Plan:** for students with [asthma history](#) and [asthma medications](#)
 - **Allergy and Anaphylaxis Action Plan:** for students with [diagnosed food or insect sting allergies](#)
 - **Diabetes Medical Management Plan:** for students [diagnosed with Type I or Type 2 diabetes](#)
 - **Seizure Action Plan:** for students [diagnosed with seizure disorders](#)
- Some students may be able to carry and self-administer select medications, as permitted by law/education code, with physician consent. This includes asthma medication, anaphylaxis medication and diabetes medication/supplies.
- All prescription and over-the-counter medications require an order on the **Physician's Recommendation for Medication Administration During the School Day form**, with the exception of OTC medications supplied by the school in accordance with its contracted physician's standing orders. The form is available through the nurse or the online Welcome Packet.
- 24-hour physician orders are required for all off-campus, overnight field trips for medication typically given only at home.

CONSENT FOR ADMINISTRATION OF OVER-THE-COUNTER (OTC) MEDICATIONS

On occasion, it is safe and reasonable to administer some OTC medications both at school and during off-campus field trips, so that a student who is not contagious can continue attending class or participating in school activities. Unless otherwise noted, these medications are given in accordance with standing orders provided by our contracted physician or package dosing instructions appropriate for your child's age/weight. **All medication will be administered by trained school staff or a trained licensed health professional.** Please **initial each medication** to give your consent for administration to your child:

- _____ **Acetaminophen** (Tylenol): headaches, elevated temperature
- _____ **Children's Allergy Relief** (Cetirizine, Loratadine): minor environmental allergy symptoms
- _____ **Diphenhydramine** (Benadryl) Liquid, Tablet, or Lotion: minor allergic symptoms
- _____ **Dramamine, Meclizine** (during field trips only): motion sickness (sea/car/plane)
- _____ **Ibuprofen** (Motrin, Advil): minor aches, pain, fever
- _____ **Insect Repellent** (DEET, parent provided, student administered, during field trips only)
- _____ **Itch Relief Lotion** (Caladryl—Pramoxine HCL/Zinc Acetate, Hydrocortisone 1%): minor skin rash
- _____ **Sunscreen** (parent provided, student administered)
- _____ **Throat Lozenge/Cough Drop:** minor sore throat or cough
- _____ **Bacitracin Topical Ointment:** use on minor cuts or burns

Student's Name _____ Birth Date _____ Grade _____

Parent's Signature _____ Student's Weight _____ Date _____

We last asked for a health history at your child's enrollment. Since his/her enrollment, are there any new health concerns that have arisen that the nurses should be aware of? _____