Belton
School District # 124
ENCOURAGING • CHALLENGING • ACHIEVING

Permission for Stock Medication
Kindergarten – 12

Student's Name____Grade & Teacher________________

Dear Parent or Guardian:

The following medications will be dispensed through the health rooms in the Belton School District. This form must be signed and on file in the health office for a student to receive the medication. Label recommendations for appropriate indications for usage and dosage will be followed.

Please mark one:

______Yes, my child may receive the medications listed below.

______Yes, my child may receive the medications listed below except for the ones marked with an **"X".**

______No, I do not want my child to receive any of the medications listed below.

PLEASE NOTE: IF A CHILD DEMONSTRATES REGULAR USAGE OF OVER-THE-COUNTER MEDICATION, A DOCTOR'S ORDER MAY BE REQUESTED TO VERIFY THAT ONGOING SYMPTOMS HAVE BEEN EVALUATED.

Please mark an "X" on the line of any medication that your child MAY NOT receive.

______1. Sting Kill—applied locally for minor bee or wasp stings.

______2. Triple Antibiotic Ointment—applied locally to minor cuts and abrasions.

______3. Anbesol or Orajel—applied locally for mouth or gum discomfort.

______4. Mentholyptus Throat Lozenges—orally for minor cough and sore throat pain.

______5. Robitussin DM—orally for minor cough without fever. Persistent coughs will be referred to the doctor. **This will not be given to students with asthma.**

______6. Chloraseptic Throat Spray—applied locally for minor sore throat pain.

______7. Calcium Carbonate Chewable Tablets (like Tums or Rolaids) orally for temporary relief of gastric distress without fever.

______8. Acetaminophen (non-aspirin Tylenol or Aspirin free Anacin) orally for minor headaches, toothaches and other minor aches and pains.

Allergies____

Does your child have asthma? YES NO

Parent/Guardian Signature____Date________________