

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)*

- Acetaminophen** (like Tylenol) for headache/fever/burns/earache/muscle aches/pain/menstrual cramps
- Chewable Antacid Tablets** (like Tums) for upset stomach
- Cough Drops** for cough/sore throat
- Diphenhydramine** (like Benadryl) for mild allergic reactions
- Ibuprofen** (like Advil) for headache/fever/burns/earache/muscle aches/pain (age 12 and older) or menstrual cramps (age 9 and older)
- Zinc Oxide** for diaper rash
- I do not want any medication given to my child in school.** Note: Epinephrine and Naloxone are stock medications and will be administered to student in an emergency if needed.

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 Chief of School and Adolescent Health, Baltimore County Department of Health, and the Director, 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
Director
Office of Health Services
Baltimore County Public Schools

Nolan O'Dowd, MD, MPH
Division Chief
School and Adolescent Health
Baltimore County Department of Health