**PARENT CONSENT FOR GIVING OVER-THE-COUNTER MEDICATION AT SCHOOL**

Occasionally your child may unexpectedly need medication during a school day. For these occasions we must have written parental permission. Please complete the form below if you want your child to receive any of the medication listed below during the school day. Note that the parent must provide the medication.

Name of student: _________________________________________

My child may receive the medication(s) checked below (if yes, please mark acceptable reasons):

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reason(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibuprofen (Advil)</td>
<td>Fever, Menstrual</td>
</tr>
<tr>
<td>Acetaminophen (Tylenol)</td>
<td>Headache, Fever</td>
</tr>
<tr>
<td>Hydrocortisone Cream</td>
<td>Itching</td>
</tr>
</tbody>
</table>

List all known medication allergies for the student. If none, please write “No known medication allergies.”

_____________________________________________________________________________________

This authorization will remain in effect for the current school year, unless school personnel are advised in writing of a change. This authorization will be updated yearly through the student’s enrollment form.

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE OF A MINOR CHILD**

I, _____________________________ the undersigned parent/legal guardian of this child,

(Please print your name)  (Print child’s name)

Do hereby authorize McLoud Public Schools, in the event of an accident or sudden onset of serious illness to procure on my behalf an x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to the above name minor child under supervision of the school district upon the advice of a physician, surgeon, or dentist licensed under the laws of the State of Oklahoma. This includes and is not limited to transportation of this said minor child by ambulance to a medical facility where necessary medical services can be rendered.

Signature of Parent/Legal Guardian: ___________________________ Date: _______________