**PARENT COPY: KEEP FOR REFERENCE**

**Non-Prescription Medication Notice**

**& Objection Form**

Dear Parent or Guardian:

Occasionally students present minor symptoms during the school day which affect their ability to focus and learn in the classroom. Students with occasional symptoms such as these may be given the below non-prescription medication(s) as deemed necessary by a St. Marcus staff member.

|  |  |  |
| --- | --- | --- |
| Name of Medication (Generic / Trade Name) | Strength / Dosage | Common reasons to administer |
| Ibuprofen / Advil | Age / Weight based | Headache / Aches / Cramps / Fever |
| Acetaminophen / Tylenol | Age / Weight based | Headache / Aches / Cramps / Fever |
| Cetirizine / Zyrtec | 5-10mg based on symptoms | Allergies / Allergic Reactions |
| Hydrocortisone Cream | Topical (on the skin) | Rash / Insect Bite |
| Antibiotic Ointment / Neosporin | Topical (on the skin) | Minor Cut / Scrape |

If a student refuses to take the non-prescription medication offered, St. Marcus staff will not force him/her to do so. If you approve, and/or do not have a regular medication that needs to be given, NO FURTHER ACTION NEEDED.

If your child will need to take a non-prescription medication regularly, parent/guardian must bring the non-prescription medication to school in its original labeled container and fill out, sign and return the “Regular Medication Administration: Prescription and/or Non-Prescription Permission Form”.

Thank you!

**OBJECTION(S)**

|  |  |  |  |
| --- | --- | --- | --- |
| ONLY IF you OBJECT to the administration of one or more items listed in the gray box above:   1. **Strike** which medication(s) you do NOT want administered **and** 2. Sign and date below.   *I* ***object*** *to the administration of what I have crossed out above for 2021/2022 school year.* | | | |
| Printed First & Last Name | Signature | | Date |