



# CROSSROADS CHRISTIAN SCHOOL

P.O. Box 249 ♦ Henderson, NC 27536 ♦ (252) 431-1333 Office ♦ (252) 431-0333 Fax ♦ www.ccscolts.org

## Consent to Administer Non-Prescription Medication During School Hours

Crossroads Christian School is not able to offer non-prescription medications to students without parental permission. Listed below are the non-prescription medications available in the school nurse's station for limited use. Please indicate the items you will allow your child to receive during school hours by checking the boxes in the YES column. Your signature below gives CCS permission to administer the following medications. No prescription medication can be administered without a Consent to Issue Prescription Medication form being completed and signed by a physician.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

YES	MEDICATIONS	DOSAGE
If dosage is not indicated, we will administer per labeled instructions.		
	Tylenol Children's Liquid	
	Tylenol Regular Strength (325 mg)	
	Ibuprofen (200 mg), Children's Ibuprofen Liquid	
	Benadryl Tablets (25 mg), Children's Benadryl Liquid	
	Antibiotic Ointment	
	1% Cortisone Cream	
	Calamine Lotion	
	Anbesol Oral Gel	
	Cough Drops	
	Tums – antacid tablets	
	Pepto-Bismol tablets	

The non-prescription medication listed above is for use by students on a limited basis. Students who suffer from on-going medical issues, such as headaches, sore throats, cough, etc., will need to bring in their own medication to be administered to them. For students who are continually being seen in the nurse's station and given medication, parents will be contacted to have students bring in their own medication to be dispensed when needed. When sending in medication, please provide one bottle of the medication in the original container or in a Ziploc® bag with your child's name and the type of medication enclosed. All medications will be kept on file in the nurse's station.

**List the type of medical condition, the type of medication preferred for treatment, the frequency of treatment, and any allergies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Parent/Guardian Contact Phone Numbers: (Circle the primary number.)**

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_