

Student Name _____ Form C

Madison District Public Schools

Parent/Guardian Permission for Over-The-Counter (OTC) Medication

Only one medication per form

Name _____ Grade _____

School _____ Teacher _____

Age _____ Date of Birth _____ Weight (if required for dose) _____

Medication name _____ Exact Dose _____

Condition for use (such as headache) _____

YES NO Medicine to be taken with food?

Other directions _____

YES NO My child may determine when this OTC medication is needed

YES NO My child would know to wait 4-6 hours before requesting this OTC if taken at home before school

If answering "NO" to either question above, staff will call you before giving.

YES NO Parent/Guardian to be notified with every use of this medication

Other times to call or special instructions-

OTC medication without a doctor's written permission will have limited use at school

SEE PAGE 2 FOR RULES

A licensed prescriber can order OTC medication on **FORM A** for prescribed medication if you want an OTC medication given more frequently or on a regular schedule. You also have the option to come to school and give your child medication as desired.

Parental Permission

I have read the guidelines on page two of this form for the administration of over-the-counter medication at school. I give my permission for the above named medication (supplied by me) to be given by school staff as directed on this form.

Parent/Guardian _____ Date _____

Signature

Phone Number _____ Alternative number _____

Guidelines for parents and school staff regarding over-the-counter (OTC) medication at school without an order from a physician/licensed prescriber:

- All medication must be **in the original container** and an unopened container is recommended.
- **Write the exact dose** (amount of medication to be given, not a range) on page one of this form.
- **Write your child's name on the medicine bottle** or packaging without covering the label.
- **Only one medication per form.** You will need a separate form for every OTC medication.
- **Write the exact name of the medication** to be given on page one of this form.
- **Write the condition** for use (such as, headache or menstrual cramps.)
- **Aspirin will not be given** to students without a doctor's order on "FORM A" due to its association with Rye's Syndrome.
- **Stomach pain** will not be treated with acetaminophen, ibuprofen or naproxen without a medical order on "Form A" due to lack of indication. Menstrual cramps are not considered stomach pain.
- **No OTC medication will be given frequently or for a prolonged period.** If your child is experiencing the need for frequent or regular administration of this OTC medication at school, you will be notified. To continue giving this OTC a physician or licensed prescriber's order will be required. This is to help insure that a serious condition is not being ignored or a more appropriate treatment is not being overlooked.
- **If your child is sick** it is not appropriate to treat the symptoms at school. Medication may help symptoms briefly or reduce a fever, but he or she **is still contagious** and should be home.
- **Cough drops** are more like candy than medicine and have the potential to be a choking hazard. If your child's cough has become an issue, a medical professional should be consulted.
- **OTC Benadryl or other antihistamines** ordered for a **potentially life threatening allergy** (anaphylaxis) must be ordered as part of the **Severe Allergy Medical Action Plan (MAP) and signed by the physician.**
- OTC Benadryl or other antihistamines for **mild food allergies** must be ordered by a licensed prescriber and can be done on **FORM A** without completing a MAP for severe allergy.
- **Parent/guardian may order OTC antihistamines only** for **mild allergies** that are **not caused by food**, such as hay fever.
- **For the purpose of this form,** Over the Counter (OTC) medication includes vitamins and homeopathic remedies.

NOTE:

- The reverse side of this form must be completed and signed by a parent/guardian.
- The very first dose of this medication type may not be given at school since it is not know how your child may react to the medicine.
- Unused medication may be picked up by a parent/guardian anytime before the end of the school year. Medication remaining after the last day of school will be properly discarded.

Parents/guardians have the right to come to school and give medication to their child without an order form on file. However, all sick children should be home to help protect others.

If you have questions regarding the guidelines above, please feel free to contact the school.

NOTICE OF SECTION 504 PROCEDURAL SAFEGUARDS

FORM C

The following is a brief summary description of the rights provided by Section 504 of the Rehabilitation Act of 1973 to students with disabilities, or suspected disabilities, and some related rights provided by Title VI of the Civil Rights Act of 1964 and the Family Educational Rights and Privacy Act. The intent of the law is to keep you fully informed about decisions concerning your child and to inform you of your rights in the event you disagree with any decisions concerning your child. You have the right to:

1. have the District advise you of your rights under federal law;
2. receive notice with respect to Section 504 identification, evaluation, and/or placement of your child
3. have an evaluation and placement decision for your child based upon information from a variety of sources and which is made by a team of persons knowledgeable about the student, the meaning of evaluation data, and placement options;
4. have your child receive a free appropriate public education, which is the provision of regular or special education and related aids and services that are designed to meet individual educational needs of your child as adequately as the needs of students without disabilities are met, if the child is Section 504 eligible;
5. have your child be educated with non-disabled students to the maximum extent appropriate, if the child is Section 504 eligible;
6. have your child take part in and receive benefits from the District without discrimination on the basis of disability;
7. have your child educated in facilities and receive services comparable to those provided to non-disabled students;
8. examine all relevant records of your child, including those relating to decisions about your child's Section 504 identification, evaluation, educational program, and placement; and obtain copies of those records at a reasonable cost, unless the fee would effectively deny you access to the records;
9. receive information in your native language and primary mode of communication;
10. have a periodic re-evaluation of your child, including an evaluation before any significant change of placement;
11. have your child given an equal opportunity to participate in nonacademic and extracurricular activities offered by the District;
12. request and participate in an impartial due process hearing regarding the identification, evaluation, or placement of your child, including a right to be represented by counsel in that process and to appeal an adverse decision;
13. file a complaint in accordance with the District's grievance procedures or with the U.S. Department of Education, Office for Civil Rights.