

(Read FRONT and BACK & Sign)

SUMNER COUNTY SCHOOLS
GUIDELINES & PARENT PERMISSION FORM: OVER THE COUNTER PRODUCTS
Bug Repellant, Sunscreen, Cough Drops

Seasonal OTC Products

Sumner County Schools recognize changing seasons may require a temporary need for preventative or protectant products, and we want to encourage and promote healthy habits. It may be appropriate to keep these products in the clinic, with the student, in the class or with the teacher, and this will be at the discretion of the school nurse, with input from the classroom teacher.

Bug Repellant

Only bug repellant WIPES will be accepted at school:

- Repellant must be age appropriate according to package directions and age range of the child.
- Have a signed Non-Prescription Medication Form from the parent/guardian on file.
- Parent/guardian should instruct student how to use wipes.
- Student may use wipes prior to outdoor activity.
- Sprays pose potential dangers to students, especially those with asthma or respiratory issues, and will not be permitted for use at school.
- Wipes may be labeled and kept with the student in an agreed upon location, may be kept with the teacher in the classroom or in the clinic, at the discretion of the nurse and teacher.
- It is important to stress to the parent & student they **MUST NOT** share wipes with classmates. If students do share it may result in disciplinary action.

Sunscreen

Basic sunscreen:

- Sunscreen must be age appropriate according to package directions.
- Have a signed Non-Prescription Medication Form from the parent/guardian on file.
- Parent/guardian should instruct the student how to apply sunscreen.
- Sunscreen may be labeled and kept with the student in an agreed upon location, may be kept with the teacher in the classroom or in the clinic, at the discretion of the nurse and teacher.
- It is important to stress to the parent & student they **MUST NOT** share sunscreen with classmates. If students do share it may result in disciplinary action.

Cough Drops

Basic, OTC, non-medicated, mentholated cough drops:

- Cough drops must be age appropriate according to package directions.
- Have a signed Non-Prescription Medication Form from the parent/guardian on file.
- Student may have a few to carry for the entire day (according to package label), and the remainder can be kept in the clinic for subsequent days (this is to avoid missing instructional time traveling to/from the clinic), **OR** the properly labeled bag/appropriate number of cough drops can be left with the teacher to distribute throughout the day.
- It is important to stress to the parent & student they **MUST NOT** share cough drops with classmates. If students do share it may result in disciplinary action.

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SUMNER COUNTY SCHOOLS
PERMISSION FOR SELF-ADMINISTRATION OF NON-PRESCRIPTION PRODUCTS
(Bug repellent, sunscreen, cough drops)

Name of Student _____

School _____ Grade _____ Date of Birth _____

Teacher (Homeroom) _____

Product _____ Amount _____

Purpose _____

Time of day to be used _____

Possible side effects _____

Anticipated number of days to be given at school _____

Name of Physician _____

Physician's Telephone Number _____

It is understood that the product/medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the request to perform this service by any person employed by the Sumner County School System, the undersigned parent or guardian hereby agrees to release the Sumner County School System and its personnel from any legal claim which they now have or may thereafter have arising out of the administration of or failure to administer the medication to the student.

I hereby give my permission for _____ to take/use the above products/medication. I understand that it is my responsibility to furnish this product/medication. I further understand that my signature gives Sumner County School Nurses permission to disclose and receive medical information regarding this student on a need-to-know basis.

Signature of Parent/Guardian **Date**

Home # **Work #** **Cell #**