



**Massachusetts Academy of Math and Science
Consent for Administration of Approved OTC Medications**

**This form must be uploaded and on file on the Medcat System. Please upload as a "Consent to Treat".
If your student has a prescription for an EPI-PEN, one must be provided to the school and the student must self carry. Upload the action plan with this form. The Anaphylaxis Action Plan can be found on the MAMS website.**

Date:

Student Name: _____

Year of Graduation: _____

Is your child allergic or sensitive to any medications? If yes, please list?

Any medical or health problems? No Yes - Please explain:

List any long-term medication your child receives: _____

I give permission for my student to receive the medication(s) listed/checked below (only check off the medication you wish to be dispensed). I understand that a generic equivalent medication may be used. I understand that a Mass Academy Administrator will be dispensing the below medications to my student in accordance with established written medical protocols. They will dispense the medication(s) I have checked only after speaking to WPI Health Services nurse or provider.

- Ibuprofen- Advil**
- Acetaminophen- Tylenol**
- Antacid - TUMS**
- Bacitracin**
- Calamine Lotion**
- Throat Lozenges- Cough drop**
- Benadryl**

Signature of Parent/Guardian

Date

Home Phone

Cell Phone

Work Phone

Emergency Phone