

PARENT PERMISSION TO GIVE "OCCASIONAL" OVER-THE-COUNTER MEDICATION

Student Name _____ School _____ Grade _____

Over-the counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before over-the-counter medications can be administered at school.

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

_____ I approve all medications listed below

_____ I do not want *any* OTC medications given to my student

TOPICAL:

- _____ Antibiotic cream (i.e. Triple Antibiotic Ointment, Bacitracin Cream, Polysporin)
- _____ Hydrocortisone cream (i.e. Cortaid)
- _____ Benadryl cream (i.e. Caladryl, Diphenhydramine)
- _____ Sunscreen
- _____ Oral products containing benzocaine (oragel, chloraseptic)
- _____ Tincture of Benzoin, Mastisol (helps tape adhere)
- _____ Burn gels
- _____ Eye drops for dryness

ORAL:

- _____ Ibuprofen (i.e. Advil, Motrin, Nuprin)
- _____ Acetaminophen (i.e. Tylenol)
- _____ Antacid (i.e. Mylanta, Maalox, Tums)
- _____ Cold Medications (Guaifenesin, Pseudoephedrine, Phenylephrine)
- _____ Antihistamine (i.e. Benadryl Loratadine)
- _____ Cough syrup (Dextromethorphan, plain or medicated cough drops)

Please check with the school nurse to see which medications are available for occasional use at the school and which medications you will need to supply. OTC medications will be given at the manufacturer's recommended dosage. The school is not able to supply medication for frequent or daily use.

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT	
_____	_____
(Signature of Parent or Guardian)	Date

When sending OTC medications to school, they must be in the original manufacturer's container with the label intact or the medication will not be accepted. For safety reasons, parents are requested to bring the medication directly to the nurse. In the event that an adult is unable to bring the medicine to school, arrangements may be made by calling the nurse.

MEDICATION HISTORY:

Is your student allergic to any medications? _____ If yes, please list medicine(s) and type of reaction:

Does your student take any medication (either over-the-counter or prescription) on a regular basis? _____

If yes, please list: _____