

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
- _____ Benadryl gel
- _____ Oral products containing benzocaine (oragel)
- _____ Burn gels
- _____ Eye drops for dryness

ORAL:

- _____ Ibuprofen (i.e. Advil, Motrin)
- _____ Acetaminophen (i.e. Tylenol)
- _____ Antacid (i.e. Tums)
- _____ Antihistamine (i.e. Benadryl)

OTC medications will be given at the manufacturer's recommended dosage. The school is not able to supply medication for frequent or daily use. There is no guarantee that all these OTC products will be in stock at the school.

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT. I understand the school is not responsible for any adverse reaction from any of these OTC medications.

 (Signature of Parent or Guardian)

 Date

When sending OTC medications to school, they must in 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 medications directly to the nurse/office. 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 medications (either over-the-counter or prescription) on a regular basis? _____
If yes, please list: _____