

School Year: _____

New forms must be completed every year

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. Exceptions to this are homeopathic/herbal medications and aspirin, which require completing the form "Permission to Give Prescription/Homeopathic Medication at School."

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

_____ I **approve all** medications listed below

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

TOPICAL:

- _____ Antibiotic cream (i.e. 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, chlorpheniramine, Loratadine)
- _____ Cough syrup (dextromethorphan, plain or medicated cough drops)

Please check with the office to see which medications are available for students and which medications you will need to supply. OTC medications will be given at the manufacturer's recommended dosage.

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 office. The medication should be sealed in an envelope in the original manufacturer's container. In the event that an adult is unable to bring the medicine to school, arrangements may be made by calling the office.

The school is not able to supply medication for frequent or daily use.

For OTC medications not listed on this form, or if the medication must be given daily, please use the form "Permission to Give Over the-Counter Medication at School."

MEDICATION HISTORY:

Is your student allergic to any medications? _____ If yes, please list medication(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: _____
