

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

Student Name \_\_\_\_\_ School Nosotros Academy 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: \_\_\_\_\_