



**Salem City Schools**  
**Over-The-Counter (OTC) Medication Authorization Form**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

When possible, any necessary medication that can possibly be taken before or after school should be done. However, the school nurses, and trained designated school staff, have been authorized to provide certain over-the-counter (OTC) medications to students, when there is parent permission on file. The identified OTC medications will be dispensed per package directions unless written directives are provided by a physician. Parents will be notified if their child is provided OTC medication at school.

The OTC medications available to the school nurses that may be provided to students are as follows:

***Please initial each medication for which you are giving permission to be provided to your child.***

<b>Available OTC medication</b>	<b>Indications</b>	<b>Permission to Administer</b>
Advil (Ibuprofen)	pain relief/fever reducer	
Tylenol (Acetaminophen)	pain relief/fever reducer	
Benadryl (Diphenhydramine)	allergies	
Tums (Calcium Carbonate)	stomach discomfort	
Cough Drops	cough/throat irritation	
Antibiotic Ointment (Bacitracin Zinc/Neomycin Sulfate/Polymyxin B)	first aid	
Antifungal Ointment (Clotrimazole)	fungal irritation	
Anti Itch Cream (Hydrocortisone)	anti-itch	
Calamine Lotion (Calamine/Zinc Oxide)	itching/minor skin irritation	

OTC medications are for **occasional use only** and the school is not able to supply OTC medication for frequent or daily use. If OTC medication must be given on a daily or regular basis, please complete the "Salem City Schools Medication Request Form" and supply the necessary medication to the school.

I give permission for medication(s) selected above to be given to my child at the school nurse's discretion or dispensed by designated personnel as delegated by the School Nurse.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_