



HAMBLEN COUNTY DEPARTMENT OF EDUCATION

Parents Permission to give Over-the-Counter Medication

Student Name: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ 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 medication can be administered at school when requested.

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.

OTC medications

- Antibiotic Ointment (i.e., Neosporin)
Hydrocortisone Cream (i.e., Cortaid)
Benadryl Cream (i.e., Caladryl, Diphenhydramine)
Burn Gels
Calamine lotion
Vaseline
Antacid (i.e., tums)
Cough drops/Mints
Pepto Bismol
Eye Drops/Saline
Antiseptic wound wash (i.e., Bactine)
Hydrogen Peroxide
Medical rubbing alcohol

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

Signature

Date

The school is not able to supply medication for frequent or daily use. For OTC medication not listed on this form, or if the medication must be given on a regular basis, please supply the medication to the school nurse. All non-prescription medication needs to be in the manufacturer's original container with the student's name attached to the container. Medication must be brought to the school by a responsible adult. Please do not send medication by student.

Medication History:

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

Does your student take any medication (either OTC or prescription) on a regular basis? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Parent Permission to give