

## Second Mesa Day School P.O. Box 98 Second Mesa, AZ 86043

Phone: (928)737-2571 Fax: (928)737-2565



## Home of the Mighty Bobcats "ITAH TSATSAYOM MOPEKYA"

School Year	
(New forms must be completed every year)	

PARENT/GUARDIAN CONSENT TO ADMINISTER OVER-THE-COUNTER MEDICATION		
STUDENT NAME:	GRADE:	
Over-The-Counter (OTC) medications are drugs that do not require a doctor's prescription. This form is required before over-the-counter medications can be administered to your child at school. Medical personnel in the medical office or designated personnel will administer medication to your child.		
PLEASE CHECK MARK EACH MEDICATION FOR WHICH YOU ARE GIVING CONSENT FOR YOUR CHILD		
I consent to all over-the-counter medications che	cked marked below.	
I DO NOT give consent to any over-the-counter m	edications.	
TOPICAL	ORAL	
Antibiotic Cream (i.e. Bacitracin Cream, Polysporin)	Acetaminophen (i.e. Tylenol)	
Hydrocortisone Cream (i.e. Cortaid)	Antacid (i.e. Mylanta, Maalox, Tums, Pepto)	
Oral products containing benzocaine (i.e. Oragel, Chloraseptic)	Cold Medicine (i.e. guaifenesin, pseudoephedrine, phenylephrine)	
Burn Gels	Antihistamine (i.e. Benadryl)	
Eye Drops for dryness (Visine, Sterile NS Eye Drops)	Cough Syrup (i.e. Dextromethorphan – Plain or medicated cough drops)	
Please check with Second Mesa Day School Medical Off the school or which medication you will need to supply will be administered according to the manufacturer's re	for your child. Over-the-counter medications	
I Parent/Guardian give consent to SMDS Medical Staff the above checked marked medications to my child on a		
(Signature of Parent or Legal Guardian)	(Date)	

When sending OTC medications to the school not listed above, it must be in the original manufacturer's container with the label intact, otherwise it will not be accepted. For safety reasons, Parents and/or Legal Guardians must bring the medication directly to the school medical office.