St. Catherine School

School Year:_______________

New forms must be completed every year

PARENT PERMISSION TO GIVE “**OCCASIONAL**” OVER-THE-COUNTER MEDICATION

Student Name____ Grade_________

Student Name____ Grade_________

Student Name____ 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.

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(s)

TOPICAL:

______Antibiotic Cream (i.e. Neosporin)

______Hydrocortisone Cream (i.e. Cortaid)

______Benadryl Cream

______Bee Sting Gel

ORAL:

______Ibuprofen (i.e. Advil, Motrin)

______Acetaminophen (i.e. Tylenol)

______Antihistamine (i.e. Benadryl)

OTC medications will be given at the manufacturer’s recommended dosage.

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT(S)

____ ________________________

(Signature of Parent or Guardian) (Date)

THE SCHOOL IS NOT ABLE TO SUPPLY MEDICATION FOR FREQUENT OR DAILY USE

Does your student have any allergies?__________ Please list:____________________________________

Does your child take any meds on a regular basis?_____________Please list:__________________________

When sending OTC medications to school, they must be in the original manufacturer’s container with the label intact or the meds will not be accepted. For safety reasons, parents are requested to bring the meds directly to the office. In the event that an adult is unable to bring the meds to school, arrangements may be made by calling the school office.