

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

Student Name _____ Teacher _____ Grade _____

Over-the-Counter (OTC) medication 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.

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. Neosporin)
- _____ Hydrocortisone cream (i.e. Cortaid)
- _____ Benadryl cream (i.e. Caladryl, Diphenhydramine)
- _____ Burn gels

ORAL:

- _____ Ibuprofen (i.e. Advil, Motrin)
- _____ Acetaminophen (i.e. Tylenol)
- _____ Antihistamine (i.e. Benadryl, Zyrtec)
- _____ Cough Drops
- _____ Pepto Bismal

Please check with the school nurse to see which medications are available for students in the school clinic and which medication you will need to supply, **OTC medication will be given at the manufacturer's recommended dosage.**

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT	
_____ (Signature of Parent of Guardian)	_____ (Date)

The school is not able 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 use the form "Request for Medication Administration".

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 over-the-counter or prescription) on a regular basis? _____
If yes, please list: _____