

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

Student Name _____ School _____
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. Exceptions to this are homeopathic/herbal medications and aspirin, which require completing the form "Permission to Give Prescription/Homeopathic Medication 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 ORAL**
- _____ Antibiotic cream (i.e. Bacitracin Cream, Polysporin)
- _____ Hydrocortisone cream (i.e. Cortaid)
- _____ Benadryl Cream (i.e. Caladryl, Diphenhydramine)
- _____ Sunscreen
- _____ Oral products containing benzocaine (oragel, chloraseptic)
- _____ Tincture of Benzoin, Mastisol (helps tape adhere)
- _____ Burn gels
- _____ Eye drops for dryness
- _____ Ibuprofen (i.e. Advil, Motrin, Nuprin)
- _____ Acetaminophen (i.e. Tylenol)
- _____ Antacid (i.e. Mylanta, Maalox, Tums)
- _____ Cold Medications (guaifenesin, pseudoephedrine - phenylephrine)
- _____ Antihistamine (i.e. Benadryl, chlorpheniramine, Loratadine)
- _____ Cough syrup (dextromethorphan, plain or medicated cough drops)

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

When sending OTC medications to school, they must be in the original manufacturer's container with the label intact or the medication will not be accepted. For safety reasons, parents are requested to bring the medication directly to the nurse. The medication should be sealed in an envelope in the original manufacturer's container. The school is not able to supply medication for frequent or daily use.

For OTC medications not listed on this form, or if the medication must be given daily, please use the form "Permission to Give Over-the-Counter Medication at School."

MEDICATION HISTORY:

Is your student allergic to any medications? _____ 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:

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Parent Name - Printed

Parent Name - Signature

Date