

School Year: \_\_\_\_\_

New forms must be completed every year

## 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. (OTC medications will be given at the manufacturer's recommended dosage.)

### 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. Cortizone 10)  
\_\_\_\_\_ Benadryl cream (i.e. Caladryl)  
\_\_\_\_\_ Burn gels

#### ORAL:

\_\_\_\_\_ Ibuprofen (i.e. Advil, Motrin), 200 mg ea.  
\_\_\_\_\_ Acetaminophen (i.e. Tylenol), 250 mg ea.  
\_\_\_\_\_ Antihistamine (i.e. Benadryl)  
\_\_\_\_\_ Antacid (i.e. Mylanta, Maalox, Tums)

\_\_\_\_\_ My child has medication that may need to be administered during school (**All prescriptions or medications not listed above must be kept and distributed by the staff. Bring the medication to the front office with written instructions for dispensing.**)

### THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

When sending 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 office. No medication is to be left with a student (this includes backpacks, lockers, and/or vehicles). The medication should be sealed in an envelope/bag in the original manufacturer's container. In the event that an adult is unable to bring the medicine to school, arrangements may be made by calling the office.