

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 OTC medications can be administered at school. The school may dispense OTC medications on a **one-time basis only**. Parents/guardians will be required to provide the health office with their own unopened, OTC medicine for their student in the event that they require medication in the future.

PLEASE CHECK OFF EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION FOR

_____ I approve all checked medication listed below

_____ I do not want any OTC meds given to my student

- _____ Antibiotic cream (i.e. Bacitracin Cream, Polysporin)
- _____ Hydrocortisone cream (i.e. Cortaid)
- _____ Benadryl Cream (i.e. Caladryl, Diphenhydramine)
- _____ Oral products containing benzocaine (orajel, anbesol)
- _____ Burn gels
- _____ Eye drops for dryness
- _____ Vaseline for dry lips
- _____ Vicks
- _____ Eye Drops

- _____ Ibuprofen (i.e. Advil, Motrin, Nuprin)
- _____ Acetaminophen (i.e. Tylenol)
- _____ Antacid (i.e. Mylanta, Maalox, Tums)
- _____ Antihistamine (i.e. Benadryl, Loratadine)
- _____ Pepto Bismol
- _____ Cough medicine (Delsym)
- _____ Calamine lotion
- _____ Cough drops/Throat lozenges
- _____ Salt water gargle for sore throats

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

(Parent or Guardian Name)

(Parent or Guardian Signature)

(Date)

When sending OTC medications to school, they must be in the original manufacturer’s container with the label intact or the medication will 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 a separate form will need to be filled out.

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 OTC or prescription) on a regular basis? _____

If yes, please list: _____