

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

GRADES 9 - 12

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.**"

Responsible high school students are encouraged to manage their own OTC medication needs in order to minimize time out of class. Parents should prepare their student for this responsibility. The medication should be transported in the original container with an intact label. The student should use the medication in accordance with the instructions, and medication should not be shared with classmates. Students who misuse this privilege may be subject to disciplinary action per applicable school board policies. Please contact your high school nurse for additional information.

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

The following medications will be available in the clinic for occasional use:

TOPICAL:

- _____ Antibiotic cream (i.e. Bacitracin Cream, Polysporin)
- _____ Hydrocortisone cream (i.e. Cortaid)
- _____ Benadryl Cream (i.e. Caladryl, Diphenhydramine)
- _____ Tincture of Benzoin, Mastisol (helps tape adhere in training room)

ORAL:

- _____ Ibuprofen (i.e. Advil, Motrin, Nuprin)
- _____ Acetaminophen (i.e. Tylenol)
- _____ Antacid (i.e. Mylanta, Maalox, Tums)
- _____ Antihistamine (i.e. Benadryl)

The following medications will only be given in the clinic if supplied by the parent:

- _____ Sunscreen
- _____ Oral products containing benzocaine (Oragel, chloraseptic)
- _____ Burn gels
- _____ Eye drops for dryness

- _____ Cold Medications (guaifenesin, pseudoephedrine, phenylephrine)
- _____ Antihistamine (i.e. Loratadine)
- _____ Cough syrup (dextromethorphan, plain or medicated cough drops)

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

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

(Signature of Parent or Guardian)

(Date)

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: _____