

## Permission for Over-The-Counter Medications

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Student Name (Required)

Date of Birth (Required)

In order for your child to receive stock over-the-counter medication during the school day, after-school, and on field trips, which are an extension of the school day (including overnight trips), this form must be completed and signed by both a parent/guardian and the child's physician. This form is only for the medications listed below and will only be administered per the usage and dosage directions on the package of the medication. This form will remain in effect for the entire school year and/or the duration of the summer program but will require annual updating. Only the school nurse can administer medications.

*Must select one option below:*

**All Over-The-Counter Medications Below**

**No Over-The-Counter Medications Below (only parent signature required)**

*Or indicate which medications may be administered by checking the boxes below:*

Acetaminophen (Tylenol)

Hydrocortisone Cream

Ibuprofen (Advil)

Burn gel with Lidocaine HCl

Antihistamine (Benadryl)

Antacid (*students over 12 years old*)

Antibiotic Ointment

Non-pseudo sinus decongestant (*students over 12 years old*)

If you would like to provide additional OTC medications for your child to receive during the school day, please list them below:

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**PLEASE NOTE: Only the school nurse can administer medications.**

I give permission for the school nurse to dispense the above over-the-counter medicine(s) to my child:

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Printed Parent/Guardian Name (Required)

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Parent/Guardian Signature (Required)

Date

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Physician Signature (Required if child to receive medication at school)

Date