



# School Supplied Over-the-Counter (OTC) Medications Permission Form

Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

The clinic will stock the following items to be dispensed as needed for minor complaints as indicated. With your consent, school personnel may give your child the medications if needed. A medication sheet must be filled out for each child and signed by a parent before any medication can be given.

*All medications will be given according to dosage guidelines on the manufacturer's label.*

**Please initial each medication for which you are giving permission, and indicate whether or not you would like to be notified in the event that it is needed.**

\_\_\_\_ **Acetaminophen (Tylenol)**: as needed to relieve minor aches/pains due to headache, sore throat, toothache, muscular aches, menstrual cramps

*I would like to be notified if my child receives this:  yes  no*

\_\_\_\_ **Ibuprofen (Motrin, Advil)**: as needed to relieve minor aches/pains due to headache, muscular aches, menstrual cramps, backache, toothache, sore throat

*I would like to be notified if my child receives this:  yes  no*

\_\_\_\_ **Diphenhydramine (Benadryl)**: as needed to relieve symptoms due to hay fever or other respiratory allergies (sneezing, itching of nose/throat, runny nose, itchy/watery eyes)

*I would like to be notified if my child receives this:  yes  no*

\_\_\_\_ **Antacid (Tums)**: as needed to relieve upset stomach, indigestion, heartburn

*I would like to be notified if my child receives this:  yes  no*

\_\_\_\_ **Bismuth subsalicylate (Pepto-Bismol)**: as needed to relieve upset stomach, indigestion, heartburn, nausea, diarrhea

*I would like to be notified if my child receives this:  yes  no*

\_\_\_\_ **Antibiotic ointment (Neosporin, bacitracin)**: as needed to prevent infection in minor cuts, scrapes, burns

*I would like to be notified if my child receives this:  yes  no*

\_\_\_\_ **Anti-itch cream (hydrocortisone, Benadryl cream)**: as needed to relieve itching associated with minor skin irritations, inflammation, and rashes due to insect bites, eczema, etc.

*I would like to be notified if my child receives this:  yes  no*

\_\_\_\_ **Vaseline**: as needed to relieve chapped lips or skin

*I would like to be notified if my child receives this:  yes  no*

\_\_\_\_ **Cough drops**: as needed to relieve cough or throat irritation

*I would like to be notified if my child receives this:  yes  no*

I give permission for those indicated above to be given to my child as needed by school personnel according to guidelines on the manufacturer's label.

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone