St. Joseph School
Over the Counter (OTC) Medication Permission Form
Grades PreK to 6

Dear Parent/Guardian,

Whenever possible, the district asks that all medications, prescription and non-prescription, be given at home. For medicines given in school, the State Education Department requires that **physicians provide written permission for both prescribed and over-the-counter (OTC) medicines. Written permission from parents is also required.**

Therefore, you **and** your child's physician should sign and return the slip below giving permission to the school nurse to administer certain limited stocked OTC medicines during the school day. **NOTE: Not all medications listed below will be available in every health office.**

PLEASE SIGN AND RETURN

Student Name: _____ Grade: _____

I give permission for the school nurse to administer per manufacturer's instructions and as appropriate the following OTC products **only as checked** for my child for the 2018-2019 school year:

_____ Ibuprofen for menstrual, muscular-skeletal, or headache pain

_____ Acetaminophen (Tylenol) for headache pain

_____ Hydrogen Peroxide 3% (wound cleaning)

_____ Petroleum Jelly (Vaseline) or Aquaphor for chapped skin or lips

_____ Aloe Gel or Cream for a minor skin irritation

_____ Unscented hand and body moisturizing lotion

_____ Calamine lotion or Benadryl Cream or Spray for an itchy rash or insect bite

_____ Benadryl for mild allergic reaction (**contact parent first**)

_____ Bacitracin ointment for a minor skin cut, abrasion, or wound

_____ Lubricating Eye Drops

_____ Tums for indigestion

_____ Cough drops for sore throat/cough

_____ Other OTC medication_____

_____

Parent Signature Date Daytime Phone

_____

Health Provider Signature Date Daytime Phone