



GRADES 2 - 4

AUTHORIZATION FOR NON-PRESCRIPTION OVER-THE-COUNTER MEDICATIONS

Ideally medications should be given at home. The school recognizes that minor symptoms can occur that require the use of non-prescription medications for treatment. At times it is difficult to reach parents to get permission to administer this medication. The school office/school nurse has over-the-counter medications in stock, which can be administered if requested by the parent on this form. Please discuss your wishes regarding over-the-counter medication with your child.

Before granting permission to the school to give over-the-counter medications, please check with your physician/pharmacist to make sure that these medications will not react with any other medication(s) the student is already taking.

These non-prescription medications will be available in the first aid kits for any off-campus activities.

Student's Last Name	Student's First Name	MI	Sex	Date of Birth	Grade
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_____ No, my child may not have over-the-counter medications without the school contacting me first.

_____ Yes, my child may go to the school office/school nurse and request the over-the-counter medications that I have indicated below. I have checked with my child's physician/pharmacist to verify safety with other medications.

Please list student allergies _____

Please list other medications the student is currently taking _____

Please check below any medications that the school may supply to your child.

- _____ Acetaminophen (non-aspirin/Tylenol)
- _____ Bacitracin or Neosporin (used for wound care)
- _____ Bactine First Aid Antiseptic/Pain Reliever (for wound care)
- _____ Benadryl Antihistamine (for allergic reactions)
- _____ Benadryl/Calamine Anti-Itch Topical Lotion (for skin irritations)
- _____ Cough Drops (menthol)
- _____ Ibuprofen (Motrin/Advil)
- _____ Saline solution (for eye rinse)
- _____ Tums

Parent/Guardian's Signature(s) _____ Date _____