

**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 2019-2020 school year:

- _____ Ibuprofen for menstrual, muscular-skeletal, or headache pain
- _____ Acetaminophen (Tylenol) for headache pain
- _____ Hydrogen Peroxide 3% (wound cleaning)
- _____ Petroleum Jelly (Vaseline) or Lip Balm 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 _____