2022-2023 School Year

Permission to Administer Over-the-Counter and Prescription Medications

Valid for all school sponsored day, after school or overnight activities.

This Form Can Be Replaced with OTC Permission List from Physican

Cross off any preparations that you do not want your child/patient to receive

A Separate Physician Order is Required for Prescription Medications

Child's Name: _____ DOB: _____ Grade: _____ School Year: _____

Medication Allergies: _____

Vaseline Petroleum Jelly/Aquaphor/Lip Balm for chapped skin or lips

Aloe Gel or Cream for a minor skin irritation

Unscented hand and body moisturizing lotion

Calamine/Caladryl/Anti-itch gel or lotion for an itchy rash or insect bite

Ophthalmic saline for contact lenses

Eye drops for allergy, eye irritation

Bactrim spray/Isopropyl Alcohol/Hydrogen Peroxide as antiseptic

Bacitracin ointment for a minor skin wound

Burn spray/gel for minor burns

Sunscreen to prevent sunburn (supplied from home)

Tums or Mylanta for indigestion

Cough drops for sore throat/cough in a child with a good cough and swallow reflex

Acetaminophen 325mg tab or 160mg per tsp (dose per age/weight)

Ibuprofen 200mg tab or 100 mg per tsp (dose per age/weight)

Benadryl 12.5mg per tsp or 25mg tab (1-2 tsp or 1-2 tabs every 6 hrs. for allergic reaction)

Other: _____

PRESCRIPTION MEDICATIONS:

_____

_____

Physician please check if applicable:

☐ If morning dose is not given at home, nurse may administer dose of _____ verbal or written notification from parent.

☐ I assess this child to be self-directed and ☐ may self-carry medication.

I give permission for my child/patient to use the over the counter preparations and prescription medications listed above. I have crossed out the items that they may not have/use. Administration of over the counter medications will be "per label" directions for age/weight unless otherwise indicated by provider.

_____	_____	_____
Parent signature	**Daytime Phone**	**Date**
_____	_____	
Physician Name	**Phone Number**	
_____	_____	
Physician Signature	**Date**	