



PERMISSION TO GIVE OCCASIONAL OVER-THE-COUNTER MEDICATIONS

***A new form must be completed every school year for each child in the family**

School Year _____

Student Name _____ Grade _____

- Over the counter (OTC) medications are drugs that do not require a prescription. This form must be **signed, dated, and turned in to the nurse's office** before any OTC medications can be administered at school by the nurse.
- All OTC medications shall be **provided by the parent** and will be kept in the nurse's office at all times.
- All OTC medications sent to school must be in the **original manufacturer's container with the label intact** or the medication will not be accepted.
- Parents/Guardians are requested to bring the medication directly to the nurse **in a sealed envelope with the number of tablets/drops/etc. being submitted**. If an adult is unable to bring the medicine to school, arrangements may be made by calling the nurse at (763)754-6577, ext. 1110.

PERMISSION: I approve the selected medications listed below:

_____ Topical Creams (i.e., antibiotic, anti-itch)

_____ Oral Products containing Benzocaine (i.e., Orajel, Chloraseptic)

_____ Oral pain relievers (i.e., Advil, Tylenol)

_____ Cough/Throat Relief (i.e., cough drops, throat lozenges, cough medicine)

_____ Antacid (i.e. Tums, Mylanta, Maalox)

_____ Oral Antihistamine (i.e., Benadryl, Zyrtec, Allegra, Claritin)

_____ Eye drops (i.e., Systane, Visine)

_____ Other (Must be OTC and specified) _____

***Directions for Use:**

The medications indicated above may be administered to my student:

Parent/Guardian Signature _____ Date _____

Medication History:

Allergies to medications: _____

Reaction: _____

Medications (OTC or prescription) taken on a regular basis: Yes _____ No _____

If yes, please list: _____