

## Seton Health Office OTC Medication Letter

24/25 School Year

Dear Parents,

There has been a change to the guidelines on how OTCs may be given by Licensed Health Office Personnel, and unlicensed staff are no longer allowed to give OTC medication. Parent permission given via phone/email for use of OTCs is no longer accepted.

Whenever possible, the school district asks that all medications, prescription and non-prescription, be given at home. For medicines given in school, The State Education Department requires physicians to write a prescription for any medication to be given during school hours: this refers to prescribed medications such as Epi-pens, Benadryl, ADHD medication or rescue inhalers.

The Over-the-Counter medication including all treatments listed on the permission form on the back of this letter, require a parent and a **Physician's signature to be given!**

**Students who are considered independent by their doctor and the school nurse are allowed to self-administer the prescribed medication to themselves, but not OTC medications.**

Seton Health Staff

Reviewed 24/25

# Seton Over the Counter Medication Permission Form

## PLEASE SIGN AND RETURN

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

I give permission for the school nurse to administer as appropriate the following OTC products Only as checked for my child for the 2024/2025 school year without a prior phone call.

- Petroleum Jelly or A&D ointment chapped skin or lips
- Aloe Gel or cream for minor skin irritation / sun burns
- Unscented hand and body moisturizing lotion
- Calamine lotion or hydrocortisone cream for itchy rash or insect bite
- Ophthalmic saline for eye washes
- Antibacterial ointment for a minor skin cut, abrasion or minor wound
- Acetaminophen for headache pain per package instructions
- Ibuprofen for menstrual, muscular-skeletal or headache pain per package instructions
- Tums for indigestion
- Salt water gargles for sore throat or rinses for mouth sore
- Cough drops for sore throat/cough

\*Per school policy Sun Screen is not applied at school, please apply at home.\*

\_\_\_\_\_ I do not give permission for the above medicines to be given at school. I understand my child will not get the above products, only soap and water or ice will be offered.

**\*\*\*MUST BE SIGNED BY PARENT AND MEDICAL DOCTOR\*\***

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_