

Seton Catholic School

Over the Counter Permission Form

Whenever possible the district asks that all medication, prescriptions and non-prescriptions be given at home. For medicines given in school, the State Education Department requires that physicians write an order for prescription medication. We now require doctor's signature for over the counter medication, along with the parents' signature.

There are certain OTC products without significant side effect that the school nurse might occasionally determine will comfort and ease your child through the school day. The nurse used to try to call you for permission to administer any stocked OTC preparations. However, because of busy parent schedules, the nurse may have difficulty reaching you immediately. When the nurse cannot reach you she is unable to administer potentially soothing treatment for minor matters such as an itchy bug bite, dry skin, displaced contact lenses, chapped lips, minor headaches, etc.

Therefore you may want to sign and return the backside of this sheet giving permission to the school nurse to administer certain limited stocked OTC medicines without a prior call, but only for occasional use. Any chronic condition that requires repeat treatments, it will be necessary that your private health care provider evaluate your child's medical condition and provide a prescription for repeated use of OTC drug.

Remember this year a doctor's signature is needed for the nurse to be able to give these medicines to your child.

Thank you,

Nurse's Office

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Please sign and return.

Child's Name _____ DOB _____

_____ I give permission for the school nurse to administer as appropriate, per manufacture's instruction: the following OTC products only as checked for my child for the 2018-2019 school year without a prior phone call.

___ Vaseline Petroleum Jelly for chapped skin or lips

___ Unscented hand & body moisturizing lotion

___ Calamine lotion or hydrocortisone cream for an itchy rash or insect bite

___ Ophthalmic saline for contact lenses

___ Bacitracin ointment for a minor skin wound

___ Acetaminophen for headache Amount _____

___ Ibuprofen for headaches, dental or musculo-skeletal pain Amount _____

___ Tums for indigestion Amount _____

___ Cough drops for sore throat/cough in a child with a good cough reflex and good swallowing skills

_____ I do not give permission for the above medicine unless I give prior verbal permission. I understand my child will not get the above products if I am unavailable.

_____ Date _____
Parental Signature

_____ Date _____

Doctor Signature

Please sign and return.

Child's Name _____ DOB _____

_____ I give permission for the school nurse to administer as appropriate, per manufacture's instruction: the following OTC products only as checked for my child for the 2018-2019 school year without a prior phone call.

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_____ Date _____
Parental Signature

_____ Date _____

Doctor Signature