

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 _____ school year without a prior phone call.

2019-2020

____ 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.

Parental Signature _____ Date _____

Date _____

Doctor Signature