

Health Office OTC Medication Letter

Dear Parents,

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 that physicians write a script for prescribed medication and sign this over the counter (OTC) medication order. Therefore, for any medication, including all treatments listed below, a **Physician's signature is required on this 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 \_\_\_\_2020 and 2021\_\_\_\_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
- \_\_\_ Bacitracin ointment for a minor skin cut, abrasion or 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 unless I give prior verbal permission. I understand my child will not get the above products if I am unavailable.

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

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

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