



Over the Counter Permission Form

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

There are certain OTC products without significant side effects that the school nurse may occasionally determine will comfort and ease your child through the school day. Previously the nurse would 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, we are 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.

For these reasons you may choose to sign and return this permission form allowing the school nurse to administer certain limited stocked OTC medicines without a prior phone call, but only for occasion use. **For any chronic condition that requires repeat treatments, it is necessary that your private health care provider evaluate your child's medical condition and provide a prescription for repeated use of an OTC drug.**

If you have any questions or concerns, please reach out to the Nurse's Office: Anne.Weber@dor.org

Thank you,

Anne Weber

Health Office OTC Medication Letter

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 ____2021 and 2022_____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 Sunscreen 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 _____