OTC Permission Form - Medication provided by school

I give permission for my child _____ to receive the medication(s) listed below as deemed necessary by the School Nurse. I understand that a generic equivalent medication may be used. I understand that ***Only the School Nurse*** will administer the medication(s). Please contact the School Nurse with any questions or concerns. Please ***check box at bottom*** for all, or individually below.

Ibuprofen (Advil, Motrin)	☐
Acetaminophen (Tylenol)	☐
Calamine/Caladryl Clear Lotion	☐
Cough/Throat drops	☐
Burn gel	☐
Hydrocortisone 1% cream	☐
Petroleum Jelly (Vaseline/Aquaphor)	☐
Generic Lip Balm	☐
Lubriderm Lotion	☐
Tums	☐
I give permission for all of the above	☐

These medications will be available in the health office. ALL OTHER medications require the Parental Consent Form, Physician's Order Form and the medication must be provided by the parent.

Signature of Parent/Guardian _____*Date*_____