



## 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.

Ibuprofen (Advil, Motrin)  
Acetaminophen (Tylenol)  
Benadryl  
Antibacterial cream/ointment  
Calamine Lotion / other topical  
Cough drops  
Burn gel  
Hydrocortisone 1% cream

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* \_\_\_\_\_

*Home Phone* \_\_\_\_\_ *Cell Phone* \_\_\_\_\_

*Work Phone* \_\_\_\_\_