

HEALTH OFFICE OTC MEDICATION LETTER

Dear Parents:

Whenever possible, the 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 **and** over the counter (OTC) medicines. Therefore, **for any medication, including all treatments listed below, a PHYSICIAN SIGNATURE IS REQUIRED ON THIS FORM!**

PLEASE SIGN AND RETURN

Child's Name _____ Grade _____
(please print)

_____ I **give permission** for the school nurse to administer, as appropriate, the following OTC products **ONLY AS CHECKED** for my child for the _____ school year without a prior phone call.

- Petroleum Jelly or Aquaphor for chapped skin and lips
- A0le Gel or cream for minor skin irritation
- Unscented hand and body moisturizing lotion
- Calamine lotion or Benadryl cream or spray for an itchy rash or insect bite
- Ophthalmic saline for contact lenses
- Bacitracin ointment for a minor skin cut, abrasion, or wound
- Acetaminophen (Tylenol) for headache pain (per package instructions)
- Ibuprofen for menstrual, muscular-skeletal, or headache pain (per package instructions)
- Zinc oxide or titanium dioxide sunscreen to prevent sunburn
- Tums for indigestion (per Package instructions)
- Chloraseptic spray for sore throat
- Saline (salt water) gargles for sore throat or rinses for sore mouth
- Cough drops for sore throat/cough

_____ I **do not give permission** for the above medicines unless I give prior verbal permission. I understand my child **will not** get the above products if I am unavailable.

Parent Signature

Date

Daytime Phone Number

Physicians Signature