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BHS NURSES 585-242-5200 x4801

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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, 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 or lips.
- Aloe Gel or Cream for a 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 mouth sore
- 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

Physician Signature