



2035 MONROE AVENUE

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ROCHESTER, NEW YORK 14618

FAX 585/242-5164

CRPS NURSES 585-242-5200 x1801

FAX 585/242-5201

FRES NURSES 585-242-5200 x2801

FAX 585/242-5156

TCMS NURSES 585-242-5200 x3801

FAX 585/242-7367

BHS NURSES 585-242-5200 x4801

FAX 585/242-7529

HEALTH OFFICE OVER THE COUNTER (OTC) MEDICATION ORDERS

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!

Student's Name _____

Grade _____

(Please print)

_____ I give permission for the school nurse to administer, as appropriate, any of the following **checked** items for my child for the 20____ - 20____ school year without a prior phone call. This form is only valid for **one** school year. A new signed form will be needed for each school year.

- _____ Petroleum Jelly or Aquaphor for chapped skin or lips
_____ Aloe 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
_____ Zinc Oxide or titanium dioxide sunscreen to prevent sunburn
_____ Tums for indigestion (per package instructions)
_____ Saline (salt water) gargles for sore throat or rinses for mouth sore
_____ Cough drops for sore throat/cough
_____ Acetaminophen (Tylenol) for headache pain (per package instruction)
_____ Ibuprofen for menstrual, muscular-skeletal, or headache pain (per package instruction)

_____ 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. (Checking this still requires a PHYSICIAN SIGNATURE).

Physician Signature _____ Date _____ Daytime Phone _____

Parent Signature _____ Date _____

