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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 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
- ☐ 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
- ☐ 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 verbal permission. I understand my child will not get the above products if I am unavailable.

Parent signature

Date

Daytime Phone Number

Physician's Signature