



# North Middlesex Regional School District Health Services

## PARENT PERMISSION TO GIVE "OCCASIONAL" OVER-THE-COUNTER MEDICATION AT SCHOOL

2020-2021 School Year

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Over-the-counter (OTC) medications are drugs that do not require a prescription in order for you to purchase them. In the school system, physician orders are required in order to administer OTC medications in the health office. Our school physician has written standing orders for the medications listed below. OTC medication will be given based on our current standing orders. A copy of the protocol can be requested. *This parental consent form is required before any OTC medication can be administered at school.*

**\*\*\*PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION\*\*\***

**Topical:**

\_\_\_\_\_ Hydrocortisone Cream 1%  
\_\_\_\_\_ Calamine Lotion  
\_\_\_\_\_ Antibiotic Ointment (Bacitracin)  
\_\_\_\_\_ Caladryl  
\_\_\_\_\_ Hand Sanitizer

**Oral:**

\_\_\_\_\_ Acetaminophen (Tylenol)  
\_\_\_\_\_ Ibuprofen (Advil, Motrin)  
\_\_\_\_\_ Diphenhydramine (Benadryl)  
\_\_\_\_\_ Throat lozenges/Cough drops  
\_\_\_\_\_ Antacid Tablets (Tums)

**THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT**

**OR**

\_\_\_\_\_ I **DO NOT** want any OTC meds given to my student

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
Date

**NOTE: The school is not able to supply medication for frequent or daily use. For OTC medication not listed on this form, or if the medication must be given on a regular basis, please use the NMRSD medication permission form.**

**Medication history:**

Medication allergies and type of reaction: \_\_\_\_\_

Medications (OTC or prescription) currently taken on a regular basis:

\_\_\_\_\_  
\_\_\_\_\_