



PARENT PERMISSION TO GIVE OVER-THE- COUNTER MEDICATION

Student Name _____ Grade _____

Over-the-Counter (OTC) medication are drugs that do not require a prescription and are purchased “over-the-counter.” This form is required before over-the-counter medication can be administered at school.

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

_____ I approve all medications listed below

Available Medications:

- _____ Ibuprofen (i.e. Advil, Motrin)
- _____ Acetaminophen (i.e. Tylenol)
- _____ Calcium Carbonate (i.e. TUMS)
- _____ Diphenhydramine (i.e. Benadryl)
- _____ Cetirizine (i.e. Zyrtec)

OTC medication will be given at the manufacturer’s recommended dosage.

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

(Signature of Parent of Guardian)

(Date)

PLEASE RETURN THIS FORM COMPLETED TO THE SCHOOL NURSE. If you would like to email it you can send it to tfriend@bwhs.org. The school is not able 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 *Medication authorization* form under the health office tab on the school website.

MEDICATION HISTORY:

Is your student allergic to any medication? _____ If yes, please list medicine(s) and type of reaction: _____

Does your student take any medication (either over-the-counter or prescription) on a regular basis? _____

If yes, please list: _____