Permission to Give Over-the-Counter Medications

Student Name ____ Grade _______

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the counter."
This form is required before over-the-counter medications can be administered at school/band functions.

Please initial ONE of the Following Statements:

YES ________ **I approve all OTC medications listed below**

NO ________ **I DO NOT want ANY OTC medications given to my student**

ONLY ________ **The following initialed OTC medications may be given to my student:**

TOPICAL:

______**Antibiotic Cream** (i.e. Bacitracin Cream, Polysporin)
______**Hydrocortisone Cream** (i.e. Cortaid)
______**Benadryl Cream** (i.e. Caladryl, Diphenhydramine)
______**Sunscreen** (whatever brand is available)
______**Oral products containing benzocaine** (Oragel, Chloraseptic)
______**Tincture of Benzoin** (helps tape adhere)
______**Burn Gels/Sprays** (Solarcaine, Aloe Vera gel)
______**Eye Drops for dryness or redness** (Visine, saline solution)

ORAL:

______**Ibuprofen** (i.e. Advil, Motrin, Nuprin)
______**Acetaminophen** (i.e. Tylenol)
______**Stomach Meds** (i.e. Mylanta, Maalox, Tums, Gas X, Pepto, Immodium)
______**Cold Medications** (containing any of the following: Guaifenesin, Pseudoephedrine, Phenylephrine, antihistamines)
______**Antihistamine (**i.e. Benadryl, Chlorpheniramine, Loratadine)
______**Cough Syrup** (Dextromethorphan, plain or medicated cough drops)

OTC medications will be given at the manufacturer's recommended dosage.

For OTC medications not listed on this form, or if the medication must be given daily, please list them below.

He/She will be bringing the following OTC medications with him/her:

Medication Instructions for use:

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MEDICATION HISTORY:

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

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Parent/Guardian Signature: ______________________________________ Date: ____________________

Home Phone: ______________________________ Cell Phone: ______________________________