

Parent Permission to Give "Occasional" Over-the-Counter Medication

Dakota Valley School

Student \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

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 kept on hand can be administered at school.

Please Initial Each Medication For Which You are Giving Permission

\_\_\_\_\_ I approve all medications listed below

\_\_\_\_\_ I do not want any OTC medications given to my student

Oral:

\_\_\_ Ibuprofen (i.e. Advil, Motrin)

\_\_\_ Acetaminophen (i.e. Tylenol)

\_\_\_ Antacid (i.e. Tums, Rolaids)

\_\_\_ Cough Drops (Contains Menthol)

Topical:

\_\_\_ Caladryl Lotion

\_\_\_ Oragel (Contains Benzocaine)

The Medications Indicated Above May Be Administered to My Student

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

The School is not able to supply medication for frequent or daily use, medication for frequent or daily use will need to be provided by the parent/guardian.

When sending OTC medications to school, they must be in the original manufacturer's container with the label intact or the medication will not be accepted. For safety reasons, parents are requested to bring the medication directly to the nurse.

**Medication History:**

Is your student allergic to any medications? \_\_\_\_\_ If yes, please list the medication(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: