



**PARENT PERMISSION TO GIVE
“OCCASIONAL” OVER-THE-COUNTER MEDICATION**

Student Name: _____ **Teacher:** _____ **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 medication can be administered at school or on a field trip.

Medication must be in the original container. The medication should be clearly labeled with the student’s name, & dosage and must be stored in the school office or with the teacher.

**PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE PROVIDING
and GIVING PERMISSION**

TOPICAL:

- _____ Antibiotic cream (i.e. Neosporin)
- _____ Hydrocortisone cream (i.e. Cortaid)
- _____ Benadryl cream (i.e. Caladryl)
- _____ Other _____

ORAL:

- _____ Ibuprofen (i.e. Advil, Motrin)
- _____ Acetaminophen (i.e. Tylenol)
- _____ Antihistamine (i.e. Benadryl, Zyrtec)
- _____ Cough Drops
- _____ Pepto Bismol

The medications indicated above may be administered to my student

Signature of Parent or Guardian

Date