



Over-the-Counter Medication Permission Form

Student Name (Last, First)

DOB

Please read and fill out this form COMPLETELY for each student.

The OTC medications listed below will be provided by the school on an as-needed basis. The dose of the medication will be given in accordance with the child's age/weight recommendation on the manufacturer's label, unless a lower dose is requested by a parent/guardian. OTC medications will be administered by the office staff or designee based on the assessment of the student. No medication will be administered until proper documentation is received. Parent / guardian signature is required each school year.

If your child requires additional OTC medication(s) other than the ones listed below, please add them to the bottom boxes and bring the medication to the school office in the original container. ALSO, if your child is given OTC medication more than twice, we ask that you BRING in a bottle of the OTC medication to school to keep in the north or south office.

Medication/Dosage	Frequency	Purpose	Permission to Administer	
Ibuprofen 200 mg tablet	For children 12 years and older - as per manufacturer's label	Pain relief/fever reducer	Yes	No
Ibuprofen chewables 100 mg tablet	For children 2-11 years - as per manufacturer's label	Pain relief/fever reducer	Yes	No
Acetaminophen 325 mg tablet	For children 12 years and older - as per manufacturer's label	Pain relief/fever reducer	Yes	No
Acetaminophen chewables 160 mg tablet	For children 2-11 years - as per manufacturer's label	Pain relief/fever reducer	Yes	No
Diphenhydramine HCl 2% Topical Analgesic gel (Benadryl itch stopping gel)	Apply to affected area not more than 3-4 times a day	Cooling relief for most mild itches associated with insect bites, minor cuts, burns, scrapes, sunburn, minor skin irritation, rashes due to poison ivy, poison oak, and poison sumac	Yes	No
Cough Drops	1 lozenge every 2 hours	Relief of cough/throat irritation	Yes	No
Petroleum Jelly	As per manufacturer's label	Minor skin irritation; chapped lips	Yes	No
			Yes	No
			Yes	No
			Yes	No

Additional Instructions: _____

I certify that my child has no known allergies to the above medications.

By signing below, I agree that I will keep St. Mary's Springs Academy informed of any changes in medication(s) or health concerns pertaining to my child. I agree to not hold St. Mary's Springs Academy or any designated employee administering medications responsible for any claims arising from the administration of these medications at school. I will also assume responsibility for letting the school know if my child received any OTC medication before coming to school as to not have our staff administer more medication before they are supposed to receive another dose. Please be advised that individual notification will not be provided at the time of each administration, as this would not be operationally feasible.

Parent/Guardian Name

Signature

Date