



**Consent to Administer Over the Counter Medication in School**

In order for over-the-counter medication to be given to your child during school, this form needs to be completed by the parent/guardian. Please complete and return to your child's school nurse.

Child's Name: \_\_\_\_\_ Grade in Sep: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Consent**

The school nurse has my permission to use the following over-the-counter medications:  
Please initial each medication giving your permission

- ☐ Bacitracin
- ☐ Caladryl
- ☐ Hydrocortisone 1% Ointment
- ☐ Vaseline
- ☐ Aquaphor
- ☐ Lubriderm
- ☐ Eucerin

Please note that the above topical over-the-counter medications may be administered by the health office staff and are supervised by the school nurse.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Parent/Guardian Print Name**

\_\_\_\_\_  
**Date**