



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**