OVER-THE-COUNTER MEDICATION PARENTAL PERMISSION FORM

- Medications below must be in an **unopened original container**
- Not to exceed **single dose** daily
- Note **EXCEPTIONS** below

**List of Approved Over-the-Counter Medications That May be Administered:**

- **Aleve** or generic, for pain – *per recommended package dose*
  **EXCEPTIONS:** OVER AGE 12 ONLY; take with food

- **Advil/Motrin** or generic, for pain - *per recommended package dose*
  **EXCEPTION:** Over 96 pounds: may administer 2 tabs = 400mg; take with food

- **Tylenol** or generic, *for pain, per recommended package dose*

- **Tums / Maalox / Rolaids** or generic, *per recommended package dose*

- **Antibiotic ointment**

- **Calamine** lotion, *(NO Hydrocortisone Cream, NO Benadryl cream)*

- **Anbesol / Orajel** or generic

**STUDENT:** ___________________________________________ **DATE OF BIRTH:** __________

**PURPOSE:** ____________________________________________

**MEDICATION:** ________________________ **DOSE:** __________ **ROUTE:** __________

(Not to exceed once/day)

May staff administer this medication? □ Yes □ No

__________________________________  __________________________
**Parent/Guardian Signature**  **Daytime Phone**  **Date**

__________________________________  __________________________
**RN Signature**  **Date**

“Healthy People, Safe Environment, Strong Community”