

OVER-THE-COUNTER MEDICATION PERMISSION FORM

Grades PreK-6

The following over-the-counter medications will be available to students in grades PreK-6 with prior written approval from the parent/guardian. Signature on the bottom of this form is my yearly authorization to give my child these medications. Written approval from parent/guardian must be provided annually.

Please check the medication(s) your son/daughter may receive for minor health problems. These medication(s) will be given following the District's written protocol. No medication will be administered without prior verbal consent of the parent/guardian to discuss dosing, allergies, or other underlying health concerns.

School year: 20 - 20

School building: \_\_\_\_\_

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

I give permission for \_\_\_\_\_ to receive the  
(student name)

medication(s) checked below, according to the protocols of the school nurse.

Generic forms of the medications may be used.

- Acetaminophen (e.g. Tylenol)
- Ibuprofen (e.g. Advil, Motrin)
- Lozenges (Cough drops)
- Hydrocortisone cream (Itch-relief)

Please list all known allergies (medication or other): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

Approved: April 14, 2008

Reviewed: March 14, 2016

Revised: May 9, 2011