

Parental Consent for Non-Prescription Treatment

Student's Name: _____ Date: _____

Age: _____ Weight: _____ Medication Allergies: _____

The following is a list of nonprescription medications available in the school nurse's office. Occasionally your child may develop symptoms that could be alleviated by using one of the non-prescription products listed below. Package and dosage instructions regarding age, weight, and appropriate use will be followed. If you feel that your child may need something more frequently, it is advised that you send in his/her own supply, in the original container, for his/her personal use.

- _____ I consent for my child to receive treatment as deemed appropriate and necessary during the course of the school year.
- _____ I consent for my child to receive medications indicated below as deemed appropriate and necessary during the course of the school year.
- _____ I would like to be notified *before* any medication is administered.
- _____ No, I *do not* consent to the administration of non-prescription medications at school.

Parent's Signature: _____ Telephone: _____

Medications Available in Nurse's Office—Please Strike Through any Medication NOT Permitted

- Advil/Ibuprofen
- Benadryl Elixir and Caplets
- Benadryl Cream and Gel
- Claritin Tablets
- Zyrtec Tablets
- Children's Motrin Suspension/Jr. Tablets
- Children's Tylenol Liquid/Jr. Tablets
- Chloraseptic Spray
- Dermoplast
- Hydrocortisone Cream 1%
- Icy Hot-Sore Muscle Relief
- Neosporin Pain
- Anti-Itch Spray
- Orajel Oral Pain Relief
- Pepto-Bismol Chewable Adult and/or Junior Tablets
- Delsym Cough Suppressant
- Throat Lozenges/ Cough Drops
- Tums
- Tylenol/Acetaminophen