



The Heritage School
Permission for Nonprescription Treatment

Student's Name: _____ Date: _____

Grade: _____ Age: _____ Weight: _____ Allergies: _____ DOB: _____

The following is a list of nonprescription medications available in the school nurse's office. Occasionally your child may complain of something which could easily be alleviated by using one of the listed products. Package directions as to age, weight, and use will be followed. If you feel that your child may need something more frequently it is advised that you send in their own supply, in the original container, for their personal use.

_____ I give my permission for my child to receive treatment as deemed appropriate and necessary, during the present school year.

_____ I would first like to be notified before any medication is given.

_____ No, I do not give my permission for any medication to be given.

Parent's Signature: _____ Telephone: _____

Medications on Hand

Please Strike Through any Medication Not Allowed

- Advil/Ibuprofen
- Benadryl Elixir and Caplets
- Benadryl Cream and Gel
- Claritin /Zyrtec Tablets
- Children's Motrin Suspension
- Children's Tylenol Liquid/tablets
- Hydrocortisone Cream 1%
- Neosporin pain
- Benadryl Cream and Gel
- Johnson & Johnson Anti Itch Spray
- Orajel
- Pepto-Bismol Chewable Adult and Junior
- Robitussin DM
- Throat Lozenges/ Cough Drops
- Tums
- Tylenol/Acetaminophen