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 21: ______

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