



Consent for Over the Counter Medications

Parent or guardian to complete

Student Name (Please Print)

Date of Birth

Parent Name (Please Print)

MEDICATIONS WHICH MAY BE ADMINISTERED BY THE SCHOOL. PLEASE CHECK THE MEDICATIONS PERMITTED. NO MEDICATIONS WILL BE GIVEN UNLESS INDICATED ON THIS FORM BY PARENTS.

- Acetaminophen (Tylenol)
- Antacid (Tums, Ranitidine)
- Neosporin ointment
- Claritin or Zyrtec * **Administered only in grades 6-12**
- Pepto Bismol * **Administered only in grades 6-12**
- Hydrocortisone Cream
- Ibuprofen (Advil) * **Administered only in grades 6-12**
- Imodium * **Administered only in grades 6-12**
- Aleve * **Administered only in grades 6-12**
- Decongestant (Sudafed or Suphedrine PE) * **Administered only in grades 6-12**
- Gas Relief (Simethicone)
- Robitussin * **Administered only in grades 6-12**
- Benadryl (topical/oral) * **Administered only in grades 6-12**

This consent remains in effect from the date of my child's enrollment through graduation or withdrawal and/or separation from the school, unless otherwise notified in writing.

Parent or Legal Guardian Signature

Relationship

Date