Health Office OTC Medication Letter

Dear Parents,

 Whenever possible, the school district asks that all medications, prescription and non-prescription, be given at home. For medicines given in school, The State Education Department requires that physicians write a script for prescribed medication and sign this over the counter (OTC) medication order. Therefore, for any medication, including all treatments listed below, a **Physician’s signature is required on this Form!**

**PLEASE SIGN AND RETURN**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I give permission for the school nurse to administer as appropriate the following OTC products Only as checked for my child for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_school year without a prior phone call.

\_\_\_ Petroleum Jelly or Aquaphor for chapped skin or lips

\_\_\_ Aloe Gel or cream for minor skin irritation / sun burns

\_\_\_ Unscented hand and body moisturizing lotion

\_\_\_ Calamine lotion or hydrocortisone cream for itchy rash or insect bite

\_\_\_ Ophthalmic saline for eye washes

\_\_\_ Bacitracin ointment for a minor skin cut, abrasion or wound

\_\_\_ Acetaminophen for headache pain per package instructions

Ibuprofen for menstrual, muscular-skeletal or headache pain per package instructions

\_\_\_\_ Tums for indigestion

Salt water gargles for sore throat or rinses for mouth sore

\_\_\_\_\_ Cough drops for sore throat/cough

\*Per school policy Sun Screen is not applied at school, please apply at home.\*

\_\_\_\_\_\_ I do not give permission for the above medicines to be given at school unless I give prior verbal permission. I understand my child will not get the above products if I am unavailable.

Parent signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_