



PARENT PERMISSION TO GIVE "OCCASIONAL"  
OVER-THE-COUNTER (OTC) MEDICATION

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Over-the-counter (OTC) medications are drugs that **do not require** a prescription and are purchased "over-the-counter." This form is required before OTC medications can be administered at school.

Reason for given medication at school. (Please be specific): \_\_\_\_\_

Amount of medication to be given: \_\_\_\_\_

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, each student must provide the school administration with an Parent Permission to Give "Occasional" Over-the-Counter Medication signed by the student's parent/guardian.

When sending OTC medications to school, they must be in the original manufacturer's container with the label intact. Please write your students name on the container.

**Please initial each medication for which you are giving permission.**

**Topical:**

- \_\_\_\_\_ Antibiotic cream
- \_\_\_\_\_ Hydrocortisone cream
- \_\_\_\_\_ Benadryl cream/spray
- \_\_\_\_\_ Sunscreen

Other \_\_\_\_\_

**Oral:**

- \_\_\_\_\_ Ibuprofen (i.e. Advil, Motrin)
- \_\_\_\_\_ Acetaminophen (i.e. Tylenol)
- \_\_\_\_\_ Antihistamine (i.e. Benadryl)
- \_\_\_\_\_ Antacid (i.e. Tums, Pepto Bismol)

Other \_\_\_\_\_

The medications indicated above may be administered to my student.

\_\_\_\_\_  
Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian name printed: \_\_\_\_\_