

**PARENT PERMISSION FOR THE ADMINISTRATION OF OVER-THE-COUNTER MEDICATION**

Hazelwood's School Health Services, in collaboration with the district's consulting physician, have agreed to administer certain over-the-counter (OTC) medications. Listed below are the OTC medications that, based on professional nursing assessment and judgement, may be administered to students who have written parent permission. We hope that using these medications, as needed, will reduce both absenteeism and student discomfort while in school maximizing instructional time. Dosing will be according to package labeling by age/weight. OTC medication is for short term use only and if a student needs routine medications, other arrangements will need to be made (such as a note from the child's primary care physician indicating that after evaluation, medication is needed).

You will be informed if nonprescription medications are given to your child. Elementary nurses will call parent/guardian before giving student pain medication. In addition, the parent will be notified if student comes for pain medication three days in a week or five times in a month. Once a student has reached the manufacturer's limit, they will need to be evaluated by a physician before any type of medication is given.

Stock medication of albuterol and/or epi pens are for emergency use only and do not take the place of a student's needed PRN medication. These medications should be provided by the parent/guardian. If you **do not** want a certain medication given to your child, **cross out** the name of the medication on the list above. No nonprescription medications will be given to students whose parents do not complete and return this form.

**Carmex topical** for cold sores or lesions on face or lips  
**Acetaminophen** (Tylenol) for headache and fever  
**Benzocaine Sting Wipes** for insect bites and stings  
**Blistex** (or generic) – for relief of chapped lips  
**Calamine or Caladryl Lotion** (or generic) for itchy rash (not to be applied around the eyes)  
**Chloraseptic** throat spray or other non-prescription measures for relief of sore throat  
**Contact Lens Solution** for cleansing prescription and non-prescription contact lenses  
**Ibuprofen** (Advil, Motrin) for muscle aches and pains, cramps, sinus pain  
**Natural tears** (or any saline eye drops) for eye dryness and/or itching  
**Oragel** (or generic equivalent) for temporary relief of mild toothache  
**Throat lozenges** for cough or sore throat  
**Tums** for stomach upset (12 years of age and older)  
**Allergy Eye Drops** for itching eyes

As the parent or legal guardian of the above named child, I give permission for the school nurse/designee associated with the Hazelwood School district to give the above named OTC medications to my child for the conditions indicated (**except for any that I have crossed out**). This is effective for the 2019-2020 school year.

Printed Name of Parent/Guardian signing form \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_