



Authorization for Non-Prescription Medications 2010/2011

Students Name: _____

Grade: _____

Listed below are non-prescription medications or over-the-counter drugs that are available in the school health office. These are intended for safe, symptomatic relief of minor conditions that do not warrant exclusion from school. The school nurse or her designee will administer such medication only with the written permission of a parent/guardian on file. Please indicate which medicines we may provide your child by checking yes or no for each medication. **If your child is sensitive to any dyes in the listed products, please furnish your own products.**

- | | | |
|--|------------------------------|-----------------------------|
| Acetaminophen (Tylenol)
Liquid, chewable, or tablets
Non-aspirin pain reliever and fever reducer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bactine - First aid antiseptic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Calamine Lotion/Medicaine Swabs
Relief for insect bites, poison ivy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cortaid - Relief for rashes on unbroken skin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cough Drops/Throat Lozenges
Relief from coughs and sore throats. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Delsym - Liquid cough suppressant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diphenhydramine (Benadryl)
Liquid or capsule antihistamine
For insect bites, rashes and allergic reactions. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ibuprofen (Advil, Motrin)
Tablets or liquid. Anti-inflammatory,
pain and fever relief. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mylanta/Pepto Bismol/Tums
Tablet or liquid. For upset stomach.
Contains calcium | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Orasol Gel - Numbs mouth and gums | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Triple Antibiotic Ointment
Neomycin, Bacitracin & Polymyxin
for minor wounds, abrasions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature of Parent/Guardian: _____ Date: _____