



Parental Consent for OVER-THE-COUNTER Medication

Student: _____

Grade: _____

Please check the OTC (over-the-counter) medication(s) your child may have while on the Saint Thomas' campus.

_____ Acetaminophen

_____ Neosporin

_____ Aleve

_____ Robitussin DM

_____ Benadryl

_____ Tums

_____ Claritin

_____ Zyrtec

_____ Hydrocortisone Cream 1%

_____ Other _____

_____ Ibuprofen

I hereby grant permission for the school nurse or other school personnel to administer the above medication(s) to my child.

Signature of Parent/Guardian

Date