

## NEW HANOVER COUNTY HEALTH DEPARTMENT



2029 SOUTH 17<sup>TH</sup> STREET WILMINGTON, NC 28401-4946

## OVER-THE-COUNTER MEDICATION PARENTAL PERMISSION FORM

- Medications below must be in an **unopened original container**
- Not to exceed <u>single dose</u> daily
- Note **EXCEPTIONS** below

## <u>List of Approved Over-the-Counter Medications That May be Administered:</u>

- ► **Aleve** or generic, for pain *per recommended package dose* **EXCEPTIONS:** OVER AGE 12 ONLY; take with food
- ► Advil/Motrin or generic, for pain per recommended package dose EXCEPTION: Over 96 pounds: may administer 2 tabs = 400mg; take with food
- ▶ **Tylenol** or generic, for pain, per recommended package dose
- ► Tums / Maalox / Rolaids or generic, per recommended package dose
- ► Antibiotic ointment
- ► Calamine lotion, (NO Hydrocortisone Cream, NO Benadryl cream)
- ► Anbesol / Orajel or generic

STUDENT:	DATE OF BIRTH:		
PURPOSE:			
MEDICATION:	DOSE:	ROUTE:	
	(Not to exceed once/day)		
May staff administer this medication? □	Yes □ No		
Parent/Guardian Signature	Daytime Phone	Date	
	 Date		