



**Over The Counter Medications Permission Form**

Dear Parent/Guardian:

In the event that your child complains of a minor illness, (i.e. headache, stomach ache, cough or cold symptoms, sore throat, menstrual cramps or minor aches and pains) during the school day, there is a list of **“over the counter medications”** that may be administered to your child by the School Nurse.

Please check all the medications that you would like your child to receive in the event of a minor illness. **Please complete this form and email directly to nurse@fasri.org.**

- |   |  |
|---|--|
| <input type="checkbox"/> Advil (headaches, aches and pains) | <input type="checkbox"/> Pepto-Bismol (diarrhea-stomach aches) |
| <input type="checkbox"/> Anbesol/Orajel (tooth aches)       | <input type="checkbox"/> Roloids/Tums (stomach aches)          |
| <input type="checkbox"/> Eye Drops                          | <input type="checkbox"/> Tylenol (headaches, aches and pains)  |
| <input type="checkbox"/> Hydrocortisone Cream 1%            | <input type="checkbox"/> Zyrtec (allergies)                    |
| <input type="checkbox"/> Lozengers (sore throat)            |  |

Child’s name \_\_\_\_\_

Home Telephone number \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications Taken Currently: \_\_\_\_\_

\_\_\_\_\_

Other information regarding your child that you would like the School Nurse-teacher to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YES**, administer **“over the counter medications”** to my child if needed during the school day.

**NO**, do not administer any **“over the counter medications”** to my child during the school day.

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

\_\_\_\_\_  
Date