



Dear Bruin Families:

During the school year, if your child comes to the Nurse's Office with a headache, upset stomach or other minor ailment, I must have your permission to give the student any over-the-counter medication.

Please use the list below to check off all of the over-the-counter medications you will allow the school to give your child, if needed. Your signature on this form will give permission to administer these medications. Medications will be given by the School Nurse or a trained staff member who will follow instructions on the medication package.

- ☐ Advil 200 mg tablets
- ☐ Extra Strength Tylenol 500mg tablets
- ☐ Benadryl Tablets
- ☐ Antibiotic Ointment
- ☐ Hydrocortisone Anti Itch Cream
- ☐ Benadryl Anti Itch Cream
- ☐ Tums for heartburn or upset stomach
- ☐ Loradamed allergy medication similar to Claritin
- ☐ Medi-First eye wash for irritated, red eyes

I will also have cough drops upon request and mints for upset stomach. These do not require permission.

Students Name _____

Parent/Guardian signature _____

Date _____

Please return this form to the Main Office. Thank you so much for your cooperation.

Jennifer Haigis, RN
School's Nurse