

Victor Central School  
OVER THE COUNTER ADMINISTRATION FORM

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies \_\_\_\_\_ Weight \_\_\_\_\_ kg Weight \_\_\_\_\_ lb

I give permission for the school nurse to administer as appropriate the following OTC products only as checked without a prior phone call. This authorization should be considered valid for one year from the date of this form.

- Petroleum jelly or Aquaphor for chapped lips, minor skin irritation
- Sunscreen
- Aloe Gel or cream for minor skin irritation
- Calamine, Caladryl lotion or cream for itchy rash or insect bite
- Ophthalmic saline for contact lenses
- Cough drop/throat lozenge for sore throat, minor cough
- Acetaminophen (Tylenol) for pain relief or fever per package instructions
- Ibuprofen for pain relief or fever per package instructions
- Insect repellent
- Benadryl oral suspension or tabs for allergic reaction/hives per package instructions

Stamp
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\_\_\_\_\_  
\*Name/Title of Physician (Please Print)

\_\_\_\_\_  
\*Signature of Physician Date: \_\_\_\_\_

\_\_\_\_\_  
\*Signature of Parent Date: \_\_\_\_\_