Cloverleaf Elem.

School Year:_____
New forms must be completed every year

PARENT PERMISSION TO GIVE OVER-THE-COUNTER MEDICATION

Student Name:_____ Grade:_____

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before over-the-counter medications can be administered at school.

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

_____I approve all medications listed below:

_____Antibiotic cream

_____Benadryl cream

_____ Oral products containing benzocaine (oragel, chloraseptic)

_____Cough drops

_____Ear drops

_____Eye drops

_____Burn gels

_____Sunscreen

_____Other

Please check with the school nurse to see which medications are available for students in the school clinic for occasional use, and which medications you will need to supply if you want the clinic to administer them. OTC medications will be given at the manufacturer's recommended dosage.

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

_____ _____
(Signature of Parent or Guardian) (Date)

Please note the school is not able to supply medication for frequent or daily use.

MEDICATION HISTORY:

Is your student allergic to any medications? _____ If yes, please list medicine(s) and type of reaction:

_____

Does your student take any medication (either over-the-counter or prescription) on a regular basis? If yes, please list:

_____