

**STATE COLLEGE AREA SCHOOL DISTRICT
LEARNING ENRICHMENT AND STUDENT SERVICES HEALTH SERVICES
PARENTAL REQUEST FOR ADMINISTRATION OF OVER THE COUNTER MEDICATIONS WHILE AT
SCHOOL**

The certified school nurse or other licensed health care professional may administer the following over the counter medications to students during school. The following medications will not be administered at school without this form on file in the Nurse's Office. This consent covers occasional use only and medications will be given at the nurse's discretion. Any student who requires any of the listed medications daily or on a regular basis will need a medical consent form from their physician. **A new form must be completed every year.**

Complete this portion by checking the over the counter medications(s) that your student may receive while at school:

- 1. Bacitracin antibiotic ointment (applied locally when needed for minor cuts and abrasions)*
- 2. Calamine Clear (applied topically for insect bites or contact dermatitis)*
- 3. Hydrocortisone Cream 1% (applied locally for insect bites or contact dermatitis).*
- 4. Mentholiptus cough drops (for cough, congestion, or sore throat)*
- 5. Aloe Vera lotion (for minor first degree burns/sunburns)*

My child may take the medication specified above. The school nurse or other licensed health care professional has my permission to dispense this medication to my child. As parents/guardians of the child named below, I/we release the State College Area School District and its employees or agents from any and all liability for any injuries my child may suffer as a result of this request.

(Student's Name)

(School)

(Grade)

(Parent /Guardian Signature)

(Date)

