



Over-the-Counter Preparations available through the Palmyra-Macedon Nurses' Offices

_____ School Year Parent Consent Form

Please cross off any preparation YOU DO NOT WANT your child to receive.

PRODUCT NAME	USE
Aloe Vera Gel	Use for burns
Aquaphor/A&D ointment	Dry skin/lips
Bacitracin ointment/cream	Prevent infection from scrapes/cuts
Benadryl cream	Relief from itching
Calamine/Caladryl lotion	Relief from itching (poison ivy/insect bites)
Cough Drops	Cough relief
Orajel	Pain relief from canker sores/toothache
Sunburn Spray	Sooth minor burn pain
Throat Lozenges	Sore Throat
Tums tablets/Mylanta	Upset Stomach
Acetaminophen, Ibuprofen must be supplied by the parent/guardian and must be kept in a labeled bottle in the Health Office.	
Acetaminophen	80mg/tablet 160mg/tablets 325mg/tables
Ibuprofen	50mg/chewable tablet 100mg/tsp 100mg/chewable tablet 200mg/tablet

I give permission for my child to receive the over-the-counter preparations on this form.

I have **crossed out** any items my child should **not** have.

Student's Name

Parent's Signature

Date

Primary Care Provider's Signature
(Physician/Nurse Practitioner/Physician's Assistant)

Date

For your child's safety, this form requires your child's physician, Nurse Practitioner, or Physician's Assistant's signature in order to be valid. Thank You!