



HOME OF THE MAROON KNIGHTS

Elementary School
610 Reese Road
Frankfort, NY 13340
315-894-7491

High School
605 Palmer Street
Frankfort, NY 13340
315-894-5083



Over the Counter District Provided Medication Administration Permission Form

NYS Education law requires prior written permission from both the parent/guardian and a healthcare provider, for the use of over-the-counter (OTC) medication during school hours or school sponsored events. There are some common OTC products that the school nurse stocks that may be used **with permission to do so**. If you wish to have your child receive the OTC medications listed below, please complete this form and return it to the nurse.

This form must be signed by your health care provider and you.

Medication	Indication	Route of Administration	Frequency
Body Wipes	To cleanse	Topical	As needed
Mouth Wash	To cleanse	By mouth	As needed
Hand/Body Lotion	Dry/chapped Skin	Topical	As needed
Caldyphen/Calamine Lotion	Relieve itching/pain associated with insect bites and minor skin rashes/irritations	Topical	As needed
A & D Ointment	Minor skin irritations	Topical	As needed
Isotonic Eyewash Solution	Rinse eyes to rid of foreign objects, irritants; dirt, sand, sawdust, chemicals	Instill in eyes	As needed
Triple Antibiotic Ointment	Apply to minor cuts & abrasions	Topical	As needed
Wound Wash	Cleanse minor cuts and abrasions	Topical	As needed
Burn Cream	Apply to minor burns	Topical	As needed
Lubricant Eye Drops	Dry eyes	Instill in eyes	As needed
Vaseline	Dry/chapped lips	Topical	As needed
Aloe Vera	Minor sunburns	Topical	As needed
Alcohol Wipes	To cleanse	Topical	As needed

Student's Name: _____ **DOB:** _____ **Grade:** _____

I, _____ (print name), the parent/guardian of the above named student, give permission for the school nurse(s) to administer the above, district provided, OTC medications or treatments when needed during school hours and at the discretion of the school nurse.

Parent/Guardian Signature: _____ Date: _____

PROVIDER Printed Name: _____ Date: _____

PROVIDER Signature: _____ Phone: _____

PROVIDER License Number: _____

PROVIDER Office Address: _____