

**St. Michael's Episcopal Day School**  
**(916) 485-3418**  
**Fax (916) 485-9084**

**OTC MEDICATION IN SCHOOL FORM**  
**2025-2026 School Year**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**Over-the-Counter (OTC) Medication Consent & Acknowledgment**

I understand and acknowledge the following:

- A **physician's signature** is required each school year for all over-the-counter (OTC) medications—no exceptions. **No medications**, including non-prescription items, will be administered without a physician's approval on file.
- The school and its employees are not responsible for any adverse reactions that may occur from medication administration, including any resulting legal or civil action.
- All medications will be administered according to the recommended age/weight dosage as stated on the label or as directed by a healthcare provider.
- The school nurse is not always available to give medications and another staff member may be assigned to do so.
- I authorize the school nurse or designated staff to administer the medications indicated below to my child, as needed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check "Yes" or "No" for each medication you permit the school nurse or trained staff to administer. A **physician's signature** is required for approval.

Ibuprofen (Motrin, Advil)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acetaminophen (Tylenol)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diphenhydramine HCL (Benadryl)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cetirizine HCL (Zyrtec)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calcium Carbonate 400 (Pepto Kids)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calcium Carbonate 500 (TUMS <i>for age 12 and older only</i> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Topical Aquaphor (Petroleum Jelly)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hydrocortisone Cream 1% for minor skin irritation or rash	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Benadryl Itch Cream (1% Diphenhydramine HCL, 0.1% Zinc acetate) for bug bites	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bacitracin Zinc Ointment (500 units/gram) for minor cuts and scrapes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Burn Cream with Lidocaine (0.13% Benzalkonium Chloride antiseptic, 0.5% Lidocaine HCL external analgesic) for minor burns	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sting Relief Pads (6% Benzocaine, 60% Isopropyl Alcohol)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough drops for cough or sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* <i>Simethicone (Gas Relief)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* <i>Loperamide (Anti-diarrheal)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* <i>Dextromethorphan HBr, Phenylephrine HCL, Acetaminophen (Dayquil Cold &amp; Flu)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* <i>Dextromethorphan HBr, Doxylamine succinate, Acetaminophen (Nyquil Cold &amp; Flu)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* <i>Dramamine</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***\*These medications are intended only for students attending field trips during the school year. They will not be administered in the nurse's office.***

Physician's Signature for Approval of OTC Medications:

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Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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