

OVER THE COUNTER MEDICATIONS Permission Slip



Student's Name _____

School _____ Grade _____

My child is allowed to take these OTC (Over the Counter) medications:

_____ Acetaminophen (Tylenol)

_____ Cough Drops/Throat Lozenges

_____ Ibuprofen (Motrin, Advil)

_____ Chloroseptic Spray

_____ Diphenhydramine (Benadryl)

_____ Cough Syrup (Robitussin)

_____ Loratadine (Claritan)

_____ Multi-symptom Cold & Allergy

_____ Cetirizine Hydrochloride (Zyrtec)

_____ Antacid (TUMs, Pepto Bismol)

_____ Midol

Do you want to be contacted prior to any OTC meds being given?

_____ Yes

_____ No

Parent/Guardian _____

Home _____ Cell _____ Work _____

Please Note:

ALL prescription medications will still need a separate permission slip with doctors signature and be in the original prescription bottle with students name, type of medication and how to be given. Any questions please contact your school nurse.

Parent's Signature _____ Date _____