# Over-the-Counter (OTC) Medication & Treatment Permission for Nyack Public Schools

**Per the NYS Education Department, ALL Over-The-Counter medications and treatments in school MUST have WRITTEN authorization by BOTH a parent/guardian AND their pediatrician. Students are NOT permitted to carry their own oral medications (prescription *OR* OTC) even if the student is 18 years old. Orders will be valid for 1 calendar year. *(***Note: An option to select all is at the bottom of the list***)***

**Student Name:** _____ **DOB:** _____

**Allergies:** _____

I, _____, parent/guardian of _____, give permission for the school nurse to administer the OTC medications/treatments as per the physician orders below. I also give permission for the nurse to contact my student's physician concerning any medication or treatment issues that may arise.

| _____ | _____ | _____ |
|---|---|---|
| (Parent/Guardian – Print Name) | (Parent/Guardian – Signature) | (Date) |

**Administer only those medications initialed by the doctor/PA/NP below:**

**Topical Medications/treatments:**

__ bactine spray (topical antiseptic) for disinfection of minor cuts/scrapes
__ lotion for dry skin with no sign of rash or wounds
__ Antibiotic ointment (Bacitracin, Neosporin, Triple anti-biotic ointment) and/or hydrogen peroxide for minor skin infection or wound care
__ Calamine lotion/callergy gel/ivy-rid/sting relief for itchy bug bites, bee stings or poison ivy
__ Mineral Ice or Icy/Hot for muscle soreness
__ 1% hydrocortisone cream or Benadryl cream/spray for itchy skin irritations
__ burn cream or aloe for minor 1st degree burns
__ Vaseline or lip balm for dry, cracked and/or bleeding lips
__ oral pain reliever (anbesol, orajel, orabase, ST37 mouth rinse) applied to affected area of gums or oral mucosa per label instructions as needed for oral pain
__ warm salt water gargles or gargling with antiseptic mouthwash (Cepacol) for sore throat or mouth irritation
__ application of a heating pad/pack to the affected area for complaints of menstrual cramps, stomach ache or muscle ache

**Eye Treatment:**

__ Tetrahydrozoline drops (Visine, Visine AC, or Opcon A) for itchy/allergy/red eyes
__ Eye wash/saline solution per label instructions for dust/sand/debris in eyes

**Systemic treatments:**

__ Acetaminophen 325 mg tab every 4-6 hours as indicated by pain, headache or fever for students < 100 lbs. For students >100 lbs in weight, give 650 mg acetaminophen orally every 4-6 hours.
__ Ibuprofen (Advil) 200 mg by mouth every 6 hours for students < 60 lbs, 400 mg for students and staff >60-120 lbs
__ Benadryl (diphenhydramine) or Zyrtec (cetirizine) (antihistamines) for allergic reactions, intense itch or seasonal allergic rhinitis. Benadryl 25 mg by mouth daily as needed for children 80 lbs or cetirizine 10mg by mouth .
__ Tums chewable tablets orally per label instructions by weight (2-4 tablets) every 6 hours for stomach pain.
__ cough drops (Medikoff) throat lozenges orally – 1 every 2 hours or as directed by doctor for cough or sore throat

**__ I (the healthcare provider) approve of ALL the ABOVE.**

Nyack Public Schools reserves the right to use generic equivalents when available for the name brands over the counter medications listed above. I agree that any first aid treatment may be given as needed. I understand that any condition which is associated with fever, significant inflammations or injury and/or does not respond to the above outlined treatment stated in the orders above should be followed up with the student's personal physician by a parent/guardian.

**PHYSICIAN SIGNATURE (REQUIRED FOR ALL TREATMENTS):** _____ **DATE:** _____
**MD STAMP OR PRINTED NAME/ADDRESS/PHONE *REQUIRED*:**