



Over-the-Counter Medication Administration at School

Nevada State Law and Douglas County School District require written permission from the parent/guardian of each student before any over-the-counter medications can be administered to a student less than 18 years of age. Below is the list of approved medications and products that can be used at school. **Please review the list, cross out and initial any of the medications you do NOT allow to be given to your student, then sign the bottom and return the form to school.** To give permission for any medications not listed below AND for prescription medications, please fill out the Medication Assistance Request form enclosed in your registration packet and return the form to school. Additional medication permission forms can be printed if needed from the district website at: <http://dcsd.k12.nv.us> >Home > Parents > Student Registration, then click on the English or Spanish icon for the Medication Assistance Request.

Acetaminophen
A&D ointment
Artificial tears
Benadryl
Blistex or other lip ointment
Claritin (loratidine)
Cortisone cream 1%
Cough drops
Ibuprofen
Mineral Ice
OpCon Allergy eye drops
Orajel topical pain reliever
Papaya Pineapple Enzymes
Pepto Bismol
Phenylephrine (decongestant)
Refresh eye drops
Saline solution for contact lenses
Triple Antibiotic Ointment
Tums
Zyrtec



I give permission for my student _____ (please print), in
_____ grade at _____ School, to receive the above
medications as needed this year at school. The dose is to be determined by each medication label.

Parent/guardian signature

Date

Parent/guardian printed name