

Permission for Over-The-Counter Medications (OTC)
(This permission slip applies only to grades 6 through 12)

The following medications may be dispensed by the school nurse as needed only once during the school day. The school nurse will not be able to dispense these medications without your signature below.

*Acetaminophen
(i.e. Tylenol) ☐ Yes ☐ No

*Diphenhydramine
(i.e. Benadryl) ☐ Yes ☐ No

*Ibuprofen
(i.e. Advil, Motrin) ☐ Yes ☐ No

Antibiotic Ointment
(Bacitracin, Neosporin) ☐ Yes ☐ No

Antacid
(i.e. Tums, Rolaids) ☐ Yes ☐ No

Cough Drops ☐ Yes ☐ No

Please list all medications that your child takes and any medical conditions that the nurse should be aware of, even if listed in previous school years.

Student's Name: _____

Grade: _____

Parent/ Signature: _____ Date: _____

Parent/Guardian Contact

Telephone: _____

*Parent/Guardian of Middle School students will be notified when acetaminophen, diphenhydramine, or ibuprofen are administered.