BEALS SCHOOL DEPARTMENT

NEPN/NSBA FILE: JLCD E-2

OVER THE COUNTER (OTC) MEDICATION PARENT PERMISSION FORM

NAME:_____ GRADE: _____ALLERGIES:_____

With prior written parent permission, students may receive certain over the counter medications at school, pursuant to the standing order from our school physician/school health advisor.

MEDICATION PERMISSION IS GIVEN ONLY FOR BOXES THAT ARE CHECKED

- ☐ Calamine lotion to affected area as needed for minor itching or insect bites
- ☐ Hydrocortisone cream 1 % for minor itching or insect bites
- ☐ Sterile isotonic eye wash or drops for minor eye irritation
- ☐ Cough drops
- ☐ Agent for minor dental or oral irritation (such as Orajel)
- ☐ Acetaminophen (such as Tylenol) 325mg in tablet, chewable tab or suspension form,dose based on age, every 4 hours as needed for discomfort or fever
- ☐ Ibuprofen 200mg, chewable tab or suspension form dose based on age, every 6 hours as needed for discomfort or fever
- ☐ Calcium Carbonate (such as Tums) 500 mg tablet, dose based on age, as needed for minor gastrointestinal distress
- ☐ Diphenhydramine (such as Benadryl) 12.5mg tablet or suspension form, based on weight or age for mild allergic reactions

*For students with known anaphylactic allergies, Benadryl, Epi-pens & Emergency Action Plans must be signed by the student's own provider and supplied to the school by parents/guardians at the beginning of the school year.

Please list any specific considerations you would like the school to be aware of: _____

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If my child requires any OTC medications while at school, I give my permission for the above checked medications to be administered by the school nurse or a trained designee. I understand that I may need to supply these medications to the school if they are not readily available.

Dose of medications will be based on age recommendations from the medication packaging. If your child requires a different strength than package recommendations, an order from your child's healthcare provider is required. This form is to be updated annually. Parents are responsible to contact the school with any medical updates or medication changes.

PARENT/GUARDIAN SIGNATURE:_____

DATE:_____

DATE ADOPTED: NOVEMBER 9, 2026

TO REPLACE POLICY JLCD E-2, REVISED NOVEMBER 3, 2005