

Authorization for stock Non-Prescription Drug Administration

Name _____ Grade _____

To be completed and signed by Parent/Guardian:

There may be times when your child will ask for non-prescription medications/treatments to help relieve symptoms related to minor conditions such as poison ivy, cuts, scrapes, chapped lips, etc. A Registered Nurse is available to assist in the assessment of the student's conditions and to respond appropriately in dispensing these medications/treatments. The PARENT/GUARDIAN must indicate which of the available non-prescription drugs/ treatments **MAY NOT** be used or given by checking the appropriate boxes listed below. Dr. Perrin, our medical advisor, has approved the non-prescription medications listed below for use at school.

Check the medication **NOT** to be administered to your child

- Aloe Vera Gel (moisturizing therapy)
- Antacid Tablets (stomach upset)
- Antibiotic Ointment / Bacitracin (infection prevention)
- Bactine (wound care)
- Benadryl (allergic reaction)
- Betadine/Phisophex/ Hibclens/Dial (soap)
- Burn Gel (burns)
- Calamine/Callergy Lotion (skin irritation, rash, poison ivy)
- Cough Drop (sore throat, cough)
- Hand/Body Cream (moisturizing cream)
- Hydrocortisone Cream 1.0% (rash)
- Isopropyl Alcohol (wound cleaning/piercings)
- Lip Ointment (chapped lips)
- Petroleum Jelly/Vaseline (chapped lips)
- Saline Eye Drops (eye irritations/contact lens solution)
- Tinc of Benzoin (secure bandage)

Comments _____

Allergies _____

Parent/Guardian Signature _____ Date _____