

OYSTERPONDS NON PRESCRIPTION MEDICATION PERMISSION FORM

Please review the following form regarding “over the counter medications” that will be used in the Health Office. Please indicate, in the appropriate box, whether you would or would not like the School Nurse to use these items as needed during the school year. Your choice must be marked and this form returned as soon as possible. Each child must have a copy of this form on file each school year. Please check the medications that you are comfortable with me using for your children, sign and send it back in to me. **This form must be signed by your medical provider in order for ANY medications to be given to your child during the school day.** It can be hand delivered, faxed to 323-3713 or emailed to abennett@oysterponds.org.

Thank you,

Amy C. Bennett, RN
School Nurse

Students Name _____ **Grade** _____

- YES**, I give the School Nurse permission to administer the medications checked below when needed during the school day (form must be signed by parent **AND** physician below).
- NO**, I prefer my child NOT be given any of the items listed below during the school day. (form must be signed by parent below).

The following treatments are on hand in the nurse’s office to be dispensed with your permission for abrasions, stings, muscle pain, sore throats, sun burn, poison ivy and mouth pain.

Cough Drops/Lozenges____ Bacitracin/Neosporin____ Calamine/Calagel____ Saline____
Anbesol____ Anti-sting wipe____ Aloe Gel____ Lip Balm____ Aquafor____
Sunscreen____ Hydrocortisone 0.5% Cream____

**Medications including: Motrin____ Tylenol____ Advil____ Benadryl____
Tums/Antacid____ Cold Medicine____ must be provided by the parents to the nurse
in their original container in doses appropriate for age &/or weight.**

Parent/Guardian Signature _____ **Date** _____

Physician/NP/PA Signature _____ **Date** _____

(needed if any items are checked to approve use)