SPENCERPORT CENTRAL SCHOOL DISTRICT

Over The Counter (OTC) Medication Permission Form

Dear Parents,

Whenever possible, the district asks that all medications, prescription and non-prescription, be given at home. For medications given in school, the New York State Education Department requires that a health care provider write an order for any prescription and over-the-counter (OTC) products. **Therefore, for any use of OTC products, a health care provider order is required,** along with parent/guardian written permission.

However, there are certain OTC products without significant side effects that the school nurse may occasionally determine will comfort your child through the school day. Nurses are unable to administer potentially soothing treatments for minor matters such as an itchy bug bite, dry skin, minor cuts, and chapped lips without written health care provider approval or prescription.

Therefore, you may wish to have your child's health care provider sign this document at an office visit or annual physical appointment. Parent signature is also required giving permission for the school nurse to administer certain limited stock OTC products. Please understand that if you do not sign this permission slip prior and your child goes to the health office for help, the school nurse will not give your child these potentially soothing products.

_____   _____   _____
Student Name   Grade   School

I give permission for the school nurse to administer the following OTC products only as checked for the current school year. *(Permission must be given each school year)*

This form is not valid unless it has BOTH a signature from a parent/guardian and a healthcare provider.

Per manufacturer's instructions:
_____ Vaseline
_____ Unscented hand and body moisturizer
_____ Caladryl, Hydrocortisone for an itchy rash or insect bite
_____ Triple antibiotic ointment for minor skin cuts, abrasions, or wounds

_____   _____   _____
Provider Signature   Date   Phone Number

_____   _____   _____
Parent/Guardian Signature   Date   Phone Number