



## Permission for Over-the-Counter Medications School Year: 2023-2024

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

The non-prescription medications listed below are available from the school Health Room Assistant. Please read this list and indicate which medications you are willing for your child to receive by placing a check mark next to those medications. If you wish for your child to receive any other over-the-counter medications you will need to fill out a Medication Authorization form. These forms are available from the Health Room Assistant.

**Acetaminophen (Tylenol):** For simple headache, minor muscular aches or cold discomfort.

- 500 mg Regular Strength Tablets (dosage according to age)
- Oral Suspension Liquid (dosage according to weight or age)

**Ibuprofen (Motrin):** For menstrual cramps, simple headache, or minor muscular aches.

- 200mg Regular Strength Tablets (dosage according to age)
- Oral Suspension Liquid (dosage according to weight or age)

**Menthol Cough Drops:**

- One or two during the school day for bronchial congestion and cough due to cold

**Antibiotic Ointment:**

- Topically for minor cuts and skin abrasions

**Calamine Lotion:**

- Topically for insect bites, poison ivy, etc.

**Orajel:**

- Topically on gums for relief of minor toothache

**Lip Balm (Blistex)**

- Topically for relief of chapped lips (individual applicators)

**Tums**

- One or two chewable tablets for relief of heartburn, sour stomach, indigestion, or upset stomach associated with these symptoms.

NOTE: This is given to students in 1<sup>st</sup>-8<sup>th</sup> grade ONLY

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_