

Westside Christian Academy
Permission for Over-the Counter Medications
School Year _____

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 your child to receive any other over the counter medication 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.

- 200 mg. 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.

Antibacterial 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 (First grade and up.)

Signature of Parent/ Guardian _____ Date _____