



## PERMISSION TO ADMINISTER OTC MEDICATIONS (Over-the-Counter)

**Child's name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

I give the School Nurse permission to administer the following as needed, as directed by age/weight and manufacturer-recommended dosing.

- Acetaminophen (Tylenol): .....Yes \_\_\_\_ No \_\_\_\_
- Ibuprofen (Motrin) .....Yes \_\_\_\_ No \_\_\_\_
- Benadryl: .....Yes \_\_\_\_ No \_\_\_\_
- Throat Lozenges\* : .....Yes \_\_\_\_ No \_\_\_\_
- Calamine Lotion: .....Yes \_\_\_\_ No \_\_\_\_
- Bactine antiseptic cleansing spray: .....Yes \_\_\_\_ No \_\_\_\_
- Epi-Pen or Epi-Pen Jr.\*\*: .....Yes \_\_\_\_ No \_\_\_\_

\* Throat lozenges are only given to students in Lower Elementary and older.

\*\* The OTC Epi-Pen is available for emergency use when an individual experiences a life-threatening reaction to an unknown allergen or trigger. This Epi-Pen can only be administered by the School Nurse at her discretion, and it will be followed by a call to 911 and immediate transport to a medical facility.

**STATE LAW requires a signed consent by the parent or guardian to give any of these medications.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

The Nurse's Office cannot administer any of the medications listed without written permission from a parent or guardian. If any other over-the-counter medications (such as cold and flu medications) are needed, then a physician's order is required. Please contact the School Nurse with any questions.

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