OTC Medication Release Form

Student Name (*Please print):* _____
Last Name First Name

I give the school nurse permission to dispense the medication checked below to my son/daughter:

_____ Tylenol (acetaminiphen) for headaches, cramps, and minor aches.

_____ Motrin/Advil (ibuprofen) for headaches, cramps, and minor aches.

_____ Pepto Tabs/DiGel (antacids) for stomach upset/indigestion.

_____ Betadine/Iodine (antiseptic) to cleanse minor wounds.

_____ Neosporin ointment to help prevent infection in minor wounds.

_____ 1% Cortisone cream for minor burns and itches.

_____ Calamine/Caladryl lotion for insect bites and minor itches.

_____ Ambesol ointment for toothache.

_____ Burn ointment/Lidocaine for minor burns.

_____ Bee Sting Swabs for bee stings.

I understand that if these medications are requested by my child on a regular basis or if the school nurse sees an indication of a more serious medical problem, I will be notified.

Parent Signature: _____

Date: _____