

**Over the Counter Medication Consent Form
R & E May School 2023-24 School Year**

Complete and return to Health Services

Phone: (518) 453-6750 | Fax: (518) 453-6785 | E-Mail: qdiamond@st-cath.org

I, _____ give permission for R & E May school nursing staff to give the following over the counter medication to my child, _____. Child's DOB: _____

** Nursing will attempt to reach parent/guardian to notify of each medication administration. It is the responsibility of the parent/guardian to keep Nursing updated with any changes in contact information.*

Acetaminophen <i>Children's chewable, liquid suspension, or tablets</i>	<i>Dosage based on age and weight, per manufacturer</i>	<i>For fever and/or pain, give dose as directed every 4-6 hours as needed</i>
Ibuprofen <i>Liquid suspension or tablets</i>	<i>Dosage based on age and weight, per manufacturer</i>	<i>For unrelieved pain after taking acetaminophen and for severe menstrual cramps; give dose as directed every 4-6 hours as needed</i>
Benadryl <i>Liquid suspension or tablets</i>	<i>Dosage based on age and weight, per manufacturer</i>	<i>For allergic reactions, severe itching, rashes, hives; give dosage by age as directed every 4-6 hours</i>
Tums tablets	<i>2-4 tablets every 4 hours</i>	<i>Upset stomach and indigestion</i>
Bacitracin Ointment	<i>Thin layer applied once every 2hrs as needed</i>	<i>Topical first-aid antibiotic ointment</i>
Hydrocortisone Cream	<i>Thin layer applied once every 2hrs as needed</i>	<i>Topical skin cream used to treat minor skin irritation</i>
Calamine Topical Lotion	<i>Thin layer applied once every 2hrs as needed</i>	<i>Topical cream used to treat itchy skin and bug bites</i>
Normal Saline Nasal Spray	<i>2 squirts in each nostril</i>	<i>For dry nostrils, congestion, or runny nose</i>
Saline Eye Wash or Drops	<i>Eye irrigation</i>	<i>For eye irritations from allergies or foreign bodies (eyelash, dust, etc.)</i>
Nix Shampoo	<i>1 application to hair and scalp</i>	<i>For treatment of head lice</i>

Signature of Child's Provider

Provider's NPI or License Number

Date

Parent/Guardian Signature

Date

Please have child's medical provider fax this completed and signed document to: (518) 453-6785. Alternatively, you may return this completed and signed form to the R & E May School Nursing staff.

