



Creede School District

School Year: _____

New forms must be completed every year

PARENT PERMISSION TO GIVE OCCASIONAL OVER-THE-COUNTER (OTC) MEDICATION

Student Name _____ Grade _____

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

_____ I approve all medications listed below

_____ I do not want *any* OTC meds given to my student

TOPICAL:

- _____ Hydrocortisone cream (i.e. Cortaid)
- _____ Benadryl Cream (i.e. Caladryl, Diphenhydramine)
- _____ Sunscreen
- _____ Eye drops for dryness

ORAL:

- _____ Ibuprofen (i.e. Advil, Motrin)
- _____ Acetaminophen (i.e. Tylenol)
- _____ Antacid (i.e. Mylanta, Maalox, Tums)
- _____ Antihistamine (i.e. Benadryl, etc.)
- _____ Oral numbing agents (i.e. Orajel, Chloraseptic)
- _____ Cough Drops

**Please check with the school nurse to see which medications are available for students in the health office and which medications you will need to supply. OTC medications will be given at the manufacturer's recommended dosage. It is understood that medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. The undersigned parent or guardian hereby agrees to release Creede School District and its staff from any legal claim which they now have or may hereafter have arising out of the administration of or failure to administer the medication to the student, or possible side effects or other medical consequences of the medication. I hereby give my permission for my student to take the above medication at school as ordered.

(Signature of Parent or Guardian)

(Date)

When sending OTC medications to school, they must be in the original manufacturer's container with the label intact. For safety reasons, parents are requested to bring the medication directly to the nurse.

The school is not able to supply medication for frequent or daily use. For OTC medications not listed on this form, or if the medication must be given daily, please use the Medication Permission Form.

Is your student allergic to any medications? _____ If yes, please list medicine(s) and type of reaction:

Does your student take any medication (either over-the-counter or prescription) on a regular basis? _____

If yes, please list: _____