

**Greeley County Health Department
Greeley County School Nurse
620-376-4200**

**PARENT PERMISSION TO GIVE “OCCASIONAL”
OVER-THE-COUNTER MEDICATION**

STUDENT’S NAME: _____ **GRADE:** _____
SCHOOL: Greeley County Schools

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased “over-the-counter”. This form is required before over-the-counter medications can be administered at school.

_____ **I approve all medications listed below.**

_____ **I do not want ANY OTC medications given to my student.**

Please initial each medication for which you are giving permission, if only giving permission for SOME of the OTC medications:

Topical

- | | |
|--|---|
| ___ Antibiotic ointment (i.e. triple antibiotic ointment,
Bacitracin cream, polysporin) | ___ Hand lotion |
| ___ Hydrocortisone cream (i.e. Cortaid) | ___ Oral products containing benzocaine (i.e. Orajel) |
| ___ Benadryl Cream (i.e. Diphenhydramine, Caladryl) | ___ Burn gel |
| ___ Sunscreen | ___ Saline for contacts or as eye drops |
| ___ Chapstick | ___ Antifungal cream (i.e. Lotrimin AF) |
| | ___ Mentholatum |

Oral

- ___ Ibuprofen (i.e. Advil, Motrin)
- ___ Acetaminophen (i.e. Tylenol)
- ___ Ginger Tummy Drops

All OTC medications will be given at the manufacturer’s recommended dosage. The school is not able to supply medication for frequent or daily use.

The above medications are included on our approved medication list and are a part of our standing orders that are signed by our Medical Director. We are unable to give other OTC medications (i.e. cough syrup, cough drops, Midol) without a prescription specific to your child from their medical provider. We are able to accept doctor’s notes and prescriptions; notes from parents will not suffice. All medications (prescription/OTC) must be sent to school in original package, labeled with student’s name. DO NOT send baggies of loose medications or cough drops.

I hereby give my permission for _____ to take the above medication at school as ordered. I further understand that any school employee who administers any drug to my student in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug.

PARENT/GUARDIAN

SIGNATURE: _____ **DATE** _____