

**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** \_\_\_\_\_