



Dear Parents,

Whenever possible, the district asks that all medications, prescription and non-prescription, be given at home. For medicines given in school, the State Education Department requires that physicians write a prescription for prescribed and over-the-counter (OTC) medicines. Therefore, for any long term or repeat use of OTC medicine, a private health care provider note is required, along with your written permission and your provision of the medicine. However, there are certain common OTC products without significant side effects that the school nurse might stock that may comfort and ease your son through the school day. Therefore, you may sign and have your physician sign and return the slip below giving permission to the school nurse to administer certain limited stocked OTC medicines without a prior call, for occasional use. Please understand that if you and your physician do not sign this prior permission slip, the school nurse will not give your son these products.

Pat McDonnell RN
Christine Jones RN

(585) 256-6126

PLEASE SIGN AND RETURN

Child's Name: _____ Grade: _____

_____ I give permission for the school nurse to administer per manufacturer's instructions and as appropriate the following OTC products only as checked for my child for the 2017- 2018 school year without a prior phone call:

- _____ Petroleum Jelly or Aquaphor for chapped skin or lips
- _____ Aloe Gel or Cream for a minor skin irritation
- _____ Unscented hand and body moisturizing lotion
- _____ Calamine lotion or Benadryl Cream or Spray for an itchy rash or insect bite
- _____ Ophthalmic saline for contact lenses
- _____ Bacitracin ointment for a minor skin cut, abrasion, or wound
- _____ Acetaminophen (Tylenol) for headache pain
- _____ Ibuprofen for muscular-skeletal or headache pain
- _____ Zinc oxide or titanium dioxide sunscreen to prevent sunburn
- _____ Tums for indigestion
- _____ Chloraseptic spray for sore throat
- _____ Saline (salt water) gargles for sore throat or rinses for mouth sore
- _____ Cough drops for sore throat/cough

_____ I do not give permission for the above medications unless I give prior verbal permission. I understand my child will not get the above products if I am unavailable.

Physician Signature

Date

Parent Signature

Date

Daytime Phone

Health Services Managed by Brighton Central School District