The certified school nurse or other licensed healthcare professional may administer the following over the counter medications to students during school. The following medications will not be administered at school without this form on file in the Nurse’s Office. This consent covers occasional use only and medications will be given at the nurse’s discretion. Any student who requires any of the listed medications daily or on a regular basis will need a medical consent form from their physician. A new form must be completed every year.

Complete this portion by checking the over the counter medications(s) that your student may receive while at school:

___ 1. Bacitracin antibiotic ointment
___ 2. Calamine
___ 3. Hydrocortisone 1% cream
___ 4. Mentholptus cough drops
___ 5. Aloe Vera lotion

___ 6. Acetaminophen 325mg
☐ 1 tablet  or  ☐ 2 tablets every 4 hours as needed

___ 7. Ibuprofen 200mg
☐ 1 tablet  or  ☐ 2 tablets every 6 hours as needed

___ 8. Tums
☐ 1 tablet  or  ☐ 2 tablets every 4 hours as needed

My child may take the medication specified above. The school nurse or other licensed healthcare professional has my permission to dispense this medication to my child. As parents/guardians of the child named below, I/we release the State College Area School District and its employees or agents from any and all liability for any injuries my child may suffer as a result of this request.

____________________________________                 ____________________                        _____________
(Student’s Name)                                   (School)                        (Grade)
________________________________________________________________                              ___________
(Parent /Guardian Signature)                        (Date)

HS 27b OTC Second.
6/15