

2011 /2012 Over-the-Counter Medication Consent Form

I give permission for the School Nurse to administer the following over-the-counter products to _____ according to protocols established by the School.

Burn Cream or Spray (any brand): for soothing of discomfort from minor burns.

BZK Antiseptic Towelette: used for cleansing minor wounds and piercings.

Bactine Spray or Liquid: for temporary relief of pain and itching associated with minor cuts, scrapes, burns and insect bites.

Calamine or Caladryl lotion: used for the relief of itching due to insect bites and poisonous plants or minor rashes.

Ophthalmic saline solution: used for rinsing the eye or contact lenses.

Hydrogen Peroxide: used for cleaning heavily contaminated wounds.

Triple Antibiotic Ointment: for external application to prevent infection in minor cuts, scrapes or burns.

Any fragrance-free hand lotion

Sunscreen (any brand) SPF 25 or greater: for use to prevent sunburn during outdoor activities held during school hours.

Calcium Carbonate (Tums or generic brand, etc.): for occasional stomach irregularity

Tylenol: dispensed for headaches or minor aches and pains.

To the best of my knowledge, my child has no allergy/sensitivity to any of the above-named products or medications. I have **CROSSED OUT AND INITIALED** any products or medication I do not want given or used. I understand that I may call the School Nurse for further information. **This form must be renewed each year.**

All other medications require a written doctor's order and written parental permission. Forms are available at the Health Center and on the White Oak website (www.whiteoakschool.org). Please contact the School Nurse with any questions and for additional information at 413-562-9500, Ext. 221.

Signature of Parent or Guardian _____ **Date** _____