



## Over the Counter Medication and Treatment List Authorization Form

Student Name \_\_\_\_\_

Student Birth Date \_\_\_\_\_

Authorized to  
Administer  
(circle yes or no)

Medication/Topical  
Treatment Name

Indication

YES	NO	Aquaphor Ointment	Applied topically to chapped skin/lips
YES	NO	Burn Spray (solarcaine)	Topical pain control for superficial burns without blisters, or broken skin.
YES	NO	Calcium Carbonate (Tums)	Acid indigestion, heartburn, sour stomach. Dosing per label.
YES	NO	Refresh Plus Lubricant Eye Drops	Relief of dryness and irritation. Active Ingredient: Carboxymethylcellulose Sodium (CMC) (0.5%).
YES	NO	Hydrocortisone Anti-Itch Cream 1%	Relieves itching associated with rashes, eczema, psoriasis, seborrheic dermatitis, insect bites, poison ivy, poison oak, poison sumac, and other skin irritations.
YES	NO	Sting Relief Towelette	Sting Relief provides temporary relief from the itching, swelling and pain of insect stings and bites. Active ingredient: 2% Lidocaine.
YES	NO	BZK Antiseptic Towelette	Benzalkonium Chloride towelettes are used as an antiseptic cleanser of face, hands and body without the need for soap and water. They are ideal for cleansing a wound and effective against bacteria, viruses, fungi and protozoa.
YES	NO	Listerine	Antiseptic mouthwash to prevent and reduce plaque and gingivitis, freshen breath and kill germs between teeth. Dose per label.
YES	NO	Throat Lozenge/cough drop	Temporary relief of cough, pain associated with sore throat or sore mouth.

**ELEMENTARY SCHOOL:** Parents are encouraged to give extended relief cough medication to their child before school and send a water bottle with the child to school. The cough medicine will last through the 7 hour day and the water will help keep the throat moist to reduce coughing. Cough drops are discouraged due to the potential choking hazard.

**\*Continued on Back\***



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Medication/Topical  
Treatment Name

Indication

YES	NO	First Aid Burn Cream w/Aloe Vera	For use on minor cuts, scrapes, and burns.
YES	NO	Oral Pain Relief	For relief of toothaches, canker sores, gum pain, and dental work. Active ingredient: Benzocaine 20%.
YES	NO	Acetaminophen (Tylenol) <b>High School Only</b>	Fever above 100, headache, toothache, menstrual cramps, sore throat, muscle pain, earache. May be given every 4 hours. Dosing per label

**\*\* It is the parent's responsibility to supply medication for frequent or daily use, or any medication not listed above\*\***

☐

I have selected the medications/treatments that I authorize to be administered to my student \_\_\_\_\_ per the listed indications by qualified staff during school hours. This consent will be renewed annually and at any time this may be modified/withdrawn with written notification provided to the clinic.

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Please do NOT give my student \_\_\_\_\_ any over the counter medication or topical treatment while in school. The emergency contact list will be contacted in order for further instructions of care for my student.

**DISCLAIMER:** This form does NOT replace the Authorization for "Over the Counter" Medications form for when continuous or intermittent administration is required. If student is requiring known repeated doses of any above medications, the medicine will be required to be provided from home along with the appropriate authorization form.

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_