Permission for Over-the-Counter Medications
School Year: 2025-2026

Student: _____ Grade: _____

The non-prescription medications listed below are available form the school Health Room Assistant. Please read this list and indicate which medications you are willing for your child to receive by placing a check mark next to those medications. If you wish for your child to receive any other over-the-counter medications you will need to fill out a Medication Authorization form. These forms are available from the Health Room Assistant.

Acetaminophen (Tylenol): For simple headache, minor muscular aches or cold discomfort.

- ☐ 500 mg Regular Strength Tablets (dosage according to age)
- ☐ Oral Suspension Liquid (dosage according to weight or age)

Ibuprofen (Motrin): For menstrual cramps, simple headache, or minor muscular aches.

- ☐ 200mg Regular Strength Tablets (dosage according to age)
- ☐ Oral Suspension Liquid (dosage according to weight or age)

Menthol Cough Drops:

- ☐ One or two during the school day for bronchial congestion and cough due to cold

Antibiotic Ointment:

- ☐ Topically for minor cuts and skin abrasions

Calamine Lotion:

- ☐ Topically for insect bites, poison ivy, etc.

Orajel:

- ☐ Topically on gums for relief of minor toothache

Lip Balm (Blistex)

- ☐ Topically for relief of chapped lips (individual applicators)

Tums

- ☐ One or two chewable tablets for relief of heartburn, sour stomach, indigestion, or upset stomach associated with these symptoms.
  NOTE: This is given to students in 1st-8th grade ONLY

Signature of Parent/Guardian _____ Date _____