

Our Lady Help of Christians Academy

Over-The-Counter Medication Form (OTC) 2024-2025

THIS FORM NOT TO BE USED FOR PRESCRIPTION MEDICATION

Student Name _____ Birth Date _____

Grade _____

Check the box(es) for the medication you are allowing the school to administer to your child(ren)

Pain:

- Acetaminophen (Tylenol or generic equivalent)
- Ibuprofen (Advil or generic equivalent)
- Other _

Bee Stings or Minor Allergic Reactions:

- Diphenhydramine (Benadryl or generic equivalent)
- Other _

Upset Stomach:

- Tums (chewable)
- Other _

First Aid for Minor Scrapes/Itching:

- Antibacterial Ointment (Polysporin or generic equivalent)
- Cortisone Cream 1%
- Other _

Cold:

- DayQuil, Nyquil or equivalent
- Other _

Other:

- Check here for OTC medication not listed

Medication Name: _____

Condition for which it is to be given:

Medications will be administered and dosed according to label instructions or written instructions provided by the parent. All medication must be brought to school in the original container. Children should have had at least one dose of the medication without adverse reaction prior to bringing the medication to school.

PARENTS' PERMISSION FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

I hereby give permission for the above indicated non-prescription medications to be administered to my child (named above) by the designated school personnel.

I do hereby release Our Lady Help of Christians Academy, its administrators, staff and faculty from any and all damages for any accident, injury or illness that may result from or related to the administration of the above indicated non- prescription medications.

PARENT/GUARDIAN SIGNATURE _____ Date _____

Above medication received by: _____

Print name and title: _____

Initials: _____