



Emma L. Minnis Jr. Academy

Request to Give Occasional Over-the-Counter Medication

STUDENT NAME: _____ GRADE: _____

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased “over-the-counter”. This form is REQUIRED before over-the-counter medications can be administered at school.

Topical Medicines	Oral Medications
_____ Antibiotic ointment (i.e. Neosporin)	_____ Ibuprofen (i.e. Advil, Motrin)
_____ Hydrocortisone cream	_____ Acetaminophen (Tylenol)
_____ Benadryl (spray or gel)	_____ Antacid (i.e. Tums)
_____ Sunscreen	_____ Antihistamine (i.e. Benadryl, loratadine)
_____ Eye drops	_____ Cough drops (i.e. Ricola)

Over-the-counter medicines must be in their original packaging. The school will not accept medicines separated into containers that are not labeled. OTC medications will be given at the manufacturer’s recommended dosage. Please note that the school is not able to supply medication for frequent or daily use.

The best option is for parents to administer medications at home.

ASTHMA INHALERS AND EPIPENS ONLY:

This student and his/her parents/guardians have been instructed in self administration and may carry an inhaler or EpiPen to self-administer in school.

PARENT/GUARDIAN CONSENT:

_____ (*initial*) I request and authorize that this medication be administered at school, by school personnel.

_____ (*initial*) I will supply medication in its original, updated, properly labeled container.

_____ (*initial*) This order is in effect for this school year unless otherwise indicated.

_____ (*initial*) I do not wish that any over-the-counter medication be given to my child while at school.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____