

Student Name _____ Grade/Teacher _____

OVER the COUNTER (OTC) MEDICATION AUTHORIZATION
SAU 89 Mason Elementary School

Dear Parent/Guardian,

The New Hampshire School Nurse is a Registered Nurse who manages School Health Services to facilitate and strengthen the educational process for all students within the school setting. Although not encouraged, we realize that Over the Counter (OTC) medications are sometimes appropriate, and, in fact, necessary to “enable the pupil to remain in school, to maintain health, and to improve potential for education.” Listed below are those OTC medications that are most commonly used in the Health Office to treat a variety of childhood complaints/illnesses. The decision to administer such medication is that of the School Nurse. Please review and advise if there are any you would prefer your child **NOT** receive. Please understand that these will only be administered to relieve symptoms of occasional pain and/or discomfort, and should not be used as a substitute for treating chronic health problems. Should complaints/visits become frequent and/or of concern, the School Nurse will contact you to discuss appropriate action. First aid creams, ointments, sprays, and solutions are also used as recommended in School Nurse Protocols. As always, thank you for your kind attention.

Some medications such as Tylenol, Ibuprofen and Benadryl will need a parental note along with a supply of the medication from home, with specific instructions as to date and time to administer. The following OTC medications are available in age/size appropriate doses and will be administered by the School Nurse if needed:

Anbesol/oragel	Hand lotion
Cough drops (menthol or non-mentholated)	Bacitracin/Neosporin/A+D ointment
Petroleum	Calamine Lotion/anti-itch relief
Chloroxylenol-0.5% Antiseptic towelette	

Please note: We may stock the generic brand of above medications. In the event of serious allergic reaction, the nurse will implement measures as outlined in *Clinical Guidelines for School Nurses* (administration of Epipen/Epipen Jr. if needed). In case of ingested poisons, Poison Control will be called and action taken as recommended.

I, parent/guardian of the above named student, grant permission for administration of those OTC medications listed above EXCEPT FOR (please list specific medication and reason if any):

Signature _____ Date _____
