

Student Name _____ Grade/Teacher _____

OVER the COUNTER (OTC) MEDICATION and Treatment 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 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.

The following OTC medications and routine screenings will be administered by the School Nurse if needed:

Band-Aid antiseptic liquid	Petroleum	Routine Screenings:
Cough drops (menthol or non-mentholated)	Hand lotion	Lice
Bacitracin/Neosporin/A+D ointment	Benadryl (<i>see below</i>)	Height
Calamine Lotion/anti-itch relief	Anbesol/oragel	Weight
*Acetaminophen (Tylenol)	Saline Solution	Vision
*Ibuprofen(Advil)	Cloth adhesive bandages	Hearing
*(Will only be administered after phone call to parent to ensure safety of administration.)		

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 *Benadryl*, *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 Mason Elementary School Nurse and or staff permission to treat my child as appropriate in case of need, and permission for administration of those OTC medications and treatments listed and above.

Signature _____ Date _____
