

Parent Permission Form for Common OTC Medications

School: _____

Student Name: _____

DOB: _____ Grade: _____

Parent/Guardian Consent

I authorize school personnel at [School District Name] to administer the following over-the-counter (OTC) medications to my child if needed, according to recommended dosages. I understand that the district and its employees are not responsible for adverse reactions provided medications are given as directed.

Please check all that apply:

- Acetaminophen (Tylenol) – pain/fever
- Ibuprofen (Advil, Motrin) – pain/fever
- Antacid (Tums/Maalox) – stomach upset
- Diphenhydramine (Benadryl) – allergy/itching
- Cough Drops/Throat Lozenges – sore throat
- Neosporin/Topical Antibiotic – minor cuts/scrapes
- Hydrocortisone Cream (1%) – rash/irritation
- Calamine Lotion – bites/poison ivy
- Other: _____

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

Phone: _____

For School Use Only

Medication Administration Log

Date	Time	Medication	Dosage	Staff Initials	Notes