PERMISSION FOR OVER-THE-COUNTER MEDICATIONS

Health Center – School Year 2025-2026

Student Name: Click or tap here to enter text.

Date of Birth: Click or tap to enter a date.

Date: Click or tap to enter a date.

Weight: Click or tap here to enter text.

Height: Click or tap here to enter text.

Allergies: Click or tap here to enter text.

The Medical Director at MSB has written standard orders for common conditions students may experience while at school.

Please CHECK ALL medications that your child may receive at school.

[ ]  A&D Ointment or Vaseline

[ ]  Artificial Tears

[ ]  Benadryl (generic diphenhydramine) **for allergic reactions**

[ ]  Cough drops for cough – appropriate for age

[ ]  Coricidin HBP Cold and Flu

[ ]  Diaper Cream (Barrier Cream)

[ ]  Dulcolax for constipation (cannot be given routinely)

[ ]  Hydrocortisone 1% cream for rash

[ ]  Ibuprofen (Motrin) for discomfort, fever, pain

[ ]  Mucinex – expectorant/loosens congestion for an easier cough

[ ]  Sunscreen – sun protection – SPF 30 or higher

[ ]  Triple Antibiotic Ointment

[ ]  Tums (or generic equivalent) for heartburn

[ ]  Tylenol (generic acetaminophen) for headaches, fever, pain

[ ]  Tylenol Suppository (if unable to take orally)

[ ]  Cetirizine (Zyrtec)

Parent/Guardian Printed Name: Click or tap here to enter text.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

PB/LB/cic:4/23/25