

**Odessa R-VII School District
Over the Counter Medication Consent**

Student Name _____ Grade _____

Allergies (medication or other) _____

Family Physician _____ Phys Phone # _____

The following is a list of over the counter medication that can be administered during school. Please check on the line in front of the name of the medication(s) that your child may receive while at school. Your child WILL NOT be given any of these medications without signed consent. Parents will be notified when medication(s) are administered, with the EXCEPTION of the cough suppressant drops, ST 37 first aide antiseptic, Petroleum Jelly and Saline Contact Solution.

_____ Ibuprofen 200mg (age 12 and over) as directed on label for pain or temperature.

_____ Ibuprofen Junior (Motrin) under age 12 – as directed by age and weight for pain or temperature.

_____ Ibuprofen Children’s, age 2 – 11 – as directed by age and weight for pain or temperature.

_____ Acetaminophen (Tylenol) 500mg (age 12 and over) - as directed on label for pain or temperature.

_____ Acetaminophen Junior (Tylenol) under age 12 – as directed by age and weight for pain or temperature.

_____ Acetaminophen, Children’s, age 2-11 – as directed by age and weight for pain or temperature control.

_____ Antacid Tablets as directed on label for indigestion, upset stomach, heartburn.

_____ Diphenhydramine Hydrochloride 25mg (generic Benadryl) as directed on label for allergic reactions and allergies

_____ Triple Antibiotic Ointment as directed on label to promote healing and prevent infection of minor cuts and abrasions.

_____ Anti-Itch Lotion – as directed on label for temporary relief of pain and itching due to poison ivy, poison oak, poison sumac, rash and insect bites.

_____ Saline Eye Wash – as directed on label for removal of foreign objects and air pollutants from the eye.

_____ Contact Saline Solution – as directed on label for rinsing contacts.

_____ Cough Suppressant Drops – as directed on label for temporary relief of coughs and sore throat pain.

I give permission for the school health personnel to administer the above-checked over the counter medications to my child as needed.

_____ Date _____

Parent/guardian signature

Odessa RV-II School district uses ST 37, which is, a First Aid Antiseptic/Oral Pain Reliever as directed on label for burns, cuts, abrasions and Hygienic Care of the Mouth. ST 37 produces little or no stinging or burning, it soothes irritated areas, does not stain the skin or leave an odor. ST 37 kills pathogenic bacteria on contact minimizing the development of infection. When used as a gargle relieves minor sore throat pain and protects irritated areas of a sore mouth or throat. Petroleum Jelly will be used for chapped lips.

