

OVER THE COUNTER MEDICATIONS Permission Slip



Student's Name _____

School _____ Grade _____

My child is allowed to take these OTC (Over the Counter) medications:

____ Acetaminophen (Tylenol)

____ Cough Drops

____ Ibuprofen (Motrin, Advil)

____ Chloroseptic Spray

____ Naproxen (Aleve)

____ Cough Syrup (Robitussin)

____ Diphenhydramine (Benadryl)

____ Multi-symptom Cold & Allergy

____ Loratadine (Claritan)

____ Antacid (TUMs, GasX, Lactade)

____ Cetirizine Hydrochloride (Zyrtec)

____ Midol or Pamprin

Do you want to be contacted prior to any OTC meds being given?

____ Yes

____ No

Parent/Guardian _____

Home _____ Cell _____ Work _____

Please Note:

ALL prescription medications will still need a separate permission slip with doctors signature and be in the original prescription bottle with students name, type of medication and how to be given. Any questions please contact your school nurse.

Parent's Signature _____ Date _____