

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)

_____ Ibuprofen (Motrin, Advil)

_____ Diphenhydramine (Benadryl)

_____ Loratadine (Claritan)

_____ Cetirizine Hydrochloride (Zyrtec)

_____ Cough Drops/Throat Lozenges

_____ Chloroseptic Spray

_____ Cough Syrup (Robitussin)

_____ Multi-symptom Cold & Allergy

_____ Antacid (TUMs, Pepto Bismol)

_____ Midol

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 _____