

Student Name

Date of Birth

Grade

**NEW BOSTON CENTRAL SCHOOL
OVER-THE-COUNTER (OTC) MEDICATION PERMISSION FORM**

Judith Limondin, RN School Nurse 487-2211, ext. 304

Under the NH Department of Education administrative rule Ed 311.02, a parent or guardian must give written permission for a child to receive short-term OTC medication at school. **A new form must be completed and signed every school year.**

OTC medications will be administered only to relieve symptoms of occasional pain/discomfort and not to keep an ill child in school.

If your child needs an OTC medication more often than occasionally, the School Nurse may request a health care provider's evaluation and written authorization to continue giving the medication. With more than occasional use you may be asked to provide a supply of medication for your child as well. All medications must be delivered to the school BY AN ADULT in the original container. Any medication left at the end of the school year will be disposed of within one week of the end of school.

CHILDREN MAY NOT CARRY ANY MEDICATION TO OR FROM SCHOOL

Below is a list of oral OTC medications available in the Health Office. Please check the items you authorize your child to receive:

_____ acetaminophen (Tylenol) _____ ibuprofen (Advil) _____ diphenhydramine (Benadryl)

_____ chewable antacid (Tums) _____ benzocaine (Orajel)

_____ OTHER: _____
(to be supplied by the parent/guardian)

I give permission for my child, _____, to be given the above-checked medications by the School Nurse or Principal's designee. I understand that if my child is in grades PreK through 3, not oral medications will be given until I am contacted by phone.

I authorize the School Nurse or Principal's designee to use her judgment if my child may benefit from the use of non-medicated cough drops, wound cleanser, antibiotic cream, Caladryl lotion, or hydrocortisone cream for treatment of minor discomforts, cuts, scrapes, or skin irritations.

_____ My child has no known allergies

_____ My child is allergic to _____

Parent/guardian signature: _____ Date: _____

PLEASE COMPLETE AND SIGN BOTH SIDES OF FORM