BLUE DEVIL
HEALTH CENTER

taking care of your little devil!

Consent to Administer Over the Counter Medications 2015-2016

Dear Parents/Guardians,

If you are interested in your child receiving over the counter medications as needed at school, please check off those medications (or generic equivalent) you would like them to receive. (These medications will be administered by the school nurse or a trained staff member.)

___ I **DO** give permission for my child to receive over the counter medications as checked below:

___ Tylenol 325mg ___ 1 tablet ___ 2 tablets (general discomfort/ fever)

___ Ibuprofen 200mg ___ 1 tablet ___ 2 tablets (general discomfort/ fever)

___ Benadryl 25mg (mild allergy symptoms)

___ TUMS 2 tablets (heartburn, upset stomach)

___ Triple Antibiotic Ointment (abrasions/ cuts)

___ Natural Tears (eye irriatation)

___ Hydrocortisone Cream (rashes, itching)

___ Cough Drops

___ I **DO NOT** give permission for my child to receive over the counter medications at school.

Student Name: _____ Grade:_____ Date of Birth: _____

_____ Date:_____

Parent/Guardian Signature

34 Blue Devil Hill, Suite 2, Calais, Maine 04619 207-454-8262 Fax 207-454-8262