

## HVRHS OTC Medication Permission

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies (medication, environmental):

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Medication:

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Please administer the following over the counter medications as prescribed by the school physician, Suzanne Lefebvre, MD, to the named student as directed below:

- **Bacitracin ointment or triple antibiotic ointment for cuts, abrasions, other superficial wounds**
  - **Benadryl for allergic reactions**
  - **Calamine lotion for poison ivy, poison oak, poison sumac**
  - **Chloraseptic spray for sore throat**
  - **Cool gel for minor burns**
  - **Cough drops (Hall's, for example) for cough, cold, sore throat**
  - **Heating Pad or hot water bottle for cramps or muscle pain**
  - **Hydrocortisone 1% cream for itchy skin rash**
  - **Hydrogen Peroxide for wound cleaning as necessary; most wounds are cleaned with just plain soap and water**
  - **Ibuprofen 400mg for mild to moderate pain, headache, fever**
  - **Maalox for upset stomach, heartburn, or stomach pain**
  - **Medicine swab for insect bites**
  - **TUMS 1-2 tabs for upset stomach, heartburn, stomach pain**
  - **Tylenol 650mg for headache, mild to moderate pain, fever**
  - **Vaseline or medicated lip balm for chapped lips/skin**
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\* Please **CROSS OFF** and **INITIAL** any medication you do not want administered to your child.

\* Generic forms may be used.

\* Manufacturer dosing recommendations will be followed.

**By signing below, I permit the school nurse or other appropriate personnel to administer to my student child the above medications.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Medical Advisor \_\_\_\_\_

  
Suzanne Lefebvre, MD