Parental Consent for OVER-THE-COUNTER Medication

Student: _______________________________  Grade: __________

Please check the OTC (over-the-counter) medication(s) your child may have while on the Saint Thomas’ campus.

_____ Acetaminophen  _____ Neosporin
_____ Aleve  _____ Robitussin DM
_____ Benadryl  _____ Tums
_____ Claritin  _____ Zyrtec
_____ Hydrocortisone Cream 1%  _____ Other _____________
_____ Ibuprofen

I hereby grant permission for the school nurse or other school personnel to administer the above medication(s) to my child.

______________________________  ______________________
Signature of Parent/Guardian    Date