



## Sterling Public Schools

### Over-the-Counter Medication Protocol 2019-2020

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Please list any medication allergies the child has:

\_\_\_\_\_

Check each box next to the medication that you agree your child may have at school.

<u>Medication</u>	<u>Indication</u>
<input type="checkbox"/> Acetaminophen/Tylenol®	Pain Reliever. Dosage per label instructions.
<input type="checkbox"/> Ibuprofen/Motrin®	Pain Reliever. Dosage per label instructions.
<input type="checkbox"/> Anbesol®	Temporary relief of toothaches and other minor irritation of the mouth. Dosage per label instructions.
<input type="checkbox"/> Triple Antibiotic Ointment	First aide to help prevent infections in minor cuts, scrapes, abrasions, and rashes. Dosage per label instructions.
<input type="checkbox"/> Antifungal Cream	Provides symptomatic relief of fungal skin infections, such as ringworm. Dosage per label instructions.
<input type="checkbox"/> Biofreeze™ Pain Reliever Gel	Provides cooling comfort for sore muscles and muscle sprains. Dosage per label instructions.
<input type="checkbox"/> Burn Gel/Lotion	Topical pain control for superficial burns without blisters or broken skin (sunburn, minor burns, scalds). Dosage per label instructions.
<input type="checkbox"/> Caladryl Clear®	Relief of itching and pain associated with insect bites and rashes due to poison ivy, oak, and sumac. Dosage per label instructions.
<input type="checkbox"/> Calcium Carbonate/TUMS®	Temporary relief from acid indigestion, heartburn, and sour stomach. Dosage per label instructions.
<input type="checkbox"/> Hydrocortisone Cream	Itch relief for skin rashes, poison ivy, oak, or sumac. Dosage per label instructions.
<input type="checkbox"/> Pepto Bismol®	Temporary relief for stomach upset, nausea, diarrhea. Dosage per label instructions.
<input type="checkbox"/> Refresh Lubricant Eye Drops	Temporary relief of dryness and pain in eyes. Dosage per label instructions.
<input type="checkbox"/> Throat lozenges/Cough Drops	Temporary relief of cough, pain associated with sore throat sore mouth. Dosage per label instructions.
<input type="checkbox"/> Vicks VapoRub®	Topical cough medication to relieve cough symptoms. Dosage per label instructions.

**By signing my name below, I agree:** That I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so, I hereby authorize the school nurse, on my behalf and stead, to administer or attempt to administer to my child (or allow my child to self-administer), over-the-counter medication in the manner described above.

\_\_\_\_\_  
Guardian Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date