



HAMPSTEAD ACADEMY

Permission to Give Over-the-Counter Medications

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

Allergies: _____

I give permission for my child's teacher to give the following medications to my child. My child may receive any medication that I have indicated below with a checkmark:

- Acetaminophen (Tylenol) 80 - 650 mg PO (by mouth), as directed by the manufacturer's label, every 4 hours PRN (as needed) for headache, pain, menstrual cramps, or fever.
- Ibuprofen (Advil, Motrin) 100 - 400 mg PO (by mouth), as directed by the manufacturer's label, every 6-8 hours PRN, for headache, pain, menstrual cramps or fever.
- Tums or Rolaids, 1-2 PO, PRN, for acid indigestion or stomach ache without fever. Dose may be repeated in one hour.
- Diphenhydramine (Benadryl) 12.5 - 50 mg PO, as directed by the manufacturer's label, every 4 hours for hives, runny nose, sneezing, itching, or watery eyes related to an allergic reaction. An attempt will be made to contact the parent first before administering Benadryl for an allergic reaction.
- First aid cream may be applied to minor burns, cuts, and abrasions.
- Calamine or Caladryl lotion may be applied to insect bites and skin rashes.
- PRN. Bacitracin ointment may be applied to wounds PRN to prevent infection.
- Lip balm may be applied for chapped lips.
- Cough drops may be given for sore, scratchy throats and coughs.
- Hydrocortisone cream may be applied for skin irritations.

Other over-the-counter medicines (such as decongestants, cough syrups, and creams not listed above) may be delivered to my child's teacher for short term administration to a student, as long as there is a written note from the parent giving specific directions for administration and it is delivered in the original container with the manufacturer's label intact. Please do not send loose pills in baggies. Also, please check the expiration date; expired medicines will not be given to students.

Parent Signature: _____ Date: _____