



Over-the-Counter Medication

Student's Name: _____	Grade: ____	ALLERGIES: _____
Student's Age: ____	Date of Birth: _____	School: _____

Please indicate by checking below the medications you permit to be administered to your child.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Acetaminophen
(Tylenol) | <input type="checkbox"/> Antibiotic ointment | <input type="checkbox"/> Eye drops/wash | <input type="checkbox"/> Aloe Vera |
| <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Oragel | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Loratidine Allergy
(Claritin) | <input type="checkbox"/> Antacid Tablet
(Tums) | <input type="checkbox"/> Hydrocortisone Cream | <input type="checkbox"/> Anti- Nausea
(Emetrol) |
| <input type="checkbox"/> Lip Ointment | <input type="checkbox"/> Sunscreen | <input type="checkbox"/> NONE OF THE ABOVE | |

- I authorize the nursing and medically trained staff at Bowling Green Independent School District and Graves-Gilbert Clinic to provide over the counter medication as noted above and as needed to my child.
- I understand that it is my responsibility to directly notify the nursing staff in writing at the school where my child is enrolled of any changes in my child's OTC medication needs.
- I understand that in the event of an adverse reaction any OTC medication, the medication will be halted, and I will be notified by the nursing staff at the school.
- I understand that this permission form will be kept on file in my child's student health record and will not be changed without written notification.
- I understand that this document's confidentiality is governed by FERPA (Family Education Rights to Privacy Act) and that all rules under such Act will be followed by all parties.
- I understand that a generic equivalent may be administered to my child.
- I expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from administration or lack of administrative of the above medication.
- I understand that I must provide to the school nursing staff a signed physician's order/statement in order to exceed the recommended dosage guidelines (as printed on the bottle/packaging) when administering the indicated medications.

Parent/Guardian Signature

Date

Printed Name

Relationship