



Below is an Over the Counter (OTC) form that gives permission from you to the school nurse at the Erie County Technical School to administer OTC medicines which are available to the students for occasional symptoms. You will be notified if your child receives an OTC medicine in the Health Room. **No OTC medications will be dispensed without the written consent of the parent.**

CONSENT FOR ADMINISTRATION OF OVER THE COUNTER MEDICATIONS

Student Name: _____ Grade: _____ School Year: _____

Known Allergies: _____

List any long-term medications now receiving: _____

Check the OTC medication listed below allowed to be given. Please also indicate dosage if applicable.

Check if yes	Medication	Dosage allowed
_____	Ibuprofen – 200 mg. per tablet	_____
_____	Acetaminophen – 325 mg. per tablet	_____
_____	Benadryl – 25 mg. per tablet	_____
_____	Antacid tablet (TUMS)	_____
_____	Anti-itch gel (Hydrocortisone)	
_____	Cough Drops	
_____	Antibiotic Ointment (3 in 1)	
_____	Other: _____	

_____ I do NOT want any medication given to my child in school

Parent/Guardian Signature Date Home Phone Work/Cell Phone