

School Medication Authorization
Summer School 2016

Non-Prescription Medications List by OCDE

I, _____, (Parent or Guardian) hereby authorize the NVS Staff to dispense the following over the counter or non-prescription medication to _____ (Student's First & Last Name). Although specific brands are listed we reserve the right to substitute brands or equivalent generic.

<u>Yes</u>	<u>No</u>	<u>Description: (NO check mark constitutes not to dispense at New Vista)</u>
<input type="checkbox"/>	<input type="checkbox"/>	Tylenol —as directed for headaches, minor fever, aches & pain relief.
<input type="checkbox"/>	<input type="checkbox"/>	Advil or Motrin —as directed for headaches, minor fever, aches & pain relief.
<input type="checkbox"/>	<input type="checkbox"/>	Neosporin (with sulfa), Polysporin , or Bacitracin Zinc (without sulfa) —for application on minor cuts, abrasions, or wound.
<input type="checkbox"/>	<input type="checkbox"/>	Hydrocortisone Cream (0.5-1.0%) or Calamine Lotion —for itching or rash.
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen Peroxide 3% —antiseptic topical to minor cuts, scrapes, or wound.
<input type="checkbox"/>	<input type="checkbox"/>	Cough Drops (non-medicated), Sore Throat Lozenges , or Cough/Cold Elixer (with/without menthol) —for sore throats, cough, or throat irritation.
<input type="checkbox"/>	<input type="checkbox"/>	Roloids, Tums, Calcium Carbonate Antacids —for stomach ache/minor indigestion.
<input type="checkbox"/>	<input type="checkbox"/>	Bee Sting Swabs/Wipes —for insect bites/stings.
<input type="checkbox"/>	<input type="checkbox"/>	Carmax, Blistex, Petroleum Jelly, or Vaseline Lip Balm (non-medicated) —for lip lubricant to prevent chapping.
<input type="checkbox"/>	<input type="checkbox"/>	Orajel, Anbesol, or Numzit topical anesthetic —for gum or teeth discomfort.
<input type="checkbox"/>	<input type="checkbox"/>	Dental Wax —orthodontia bracing relieve oral irritation.
<input type="checkbox"/>	<input type="checkbox"/>	Lubriderm/Eucerin lotion, or A&D ointment —for dry and scaly skin.
<input type="checkbox"/>	<input type="checkbox"/>	Eye Wash, Contact, or Saline Solution —for eye relief or discomfort.

PLEASE NOTE: This form is intended to advise you, the parent or guardian, that these non-prescription or over-the-counter medications may be administered to your student. Your signature below is your acceptance of these conditions and dosages as directed by the product label.

In the event there are additional medications not listed above, please complete the NVS Over-the-Counter Medication Authorization form to list preferred medications that requires a Licensed Physician's consent and signature. In doing so please provide the school with the supply of the preferred medication.

I have read and understand the above criteria.

Date: _____ Signature of Parent or Guardian: _____

This Request Expires at the End of the Summer School 2016