

**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"/>	<b>Tylenol</b> —as directed for headaches, minor fever, aches & pain relief.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Advil or Motrin</b> —as directed for headaches, minor fever, aches & pain relief.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Neosporin</b> (with sulfa), <b>Polysporin</b> , or <b>Bacitracin Zinc</b> (without sulfa) —for application on minor cuts, abrasions, or wound.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Hydrocortisone Cream (0.5-1.0%)</b> or <b>Calamine Lotion</b> —for itching or rash.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Hydrogen Peroxide 3%</b> —antiseptic topical to minor cuts, scrapes, or wound.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Cough Drops</b> (non-medicated), <b>Sore Throat Lozenges</b> , or <b>Cough/Cold Elixer</b> (with/without menthol) —for sore throats, cough, or throat irritation.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Roloids, Tums, Calcium Carbonate Antacids</b> —for stomach ache/minor indigestion.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Bee Sting Swabs/Wipes</b> —for insect bites/stings.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Carmax, Blistex, Petroleum Jelly, or Vaseline Lip Balm</b> (non-medicated) —for lip lubricant to prevent chapping.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Orajel, Anbesol, or Numzit</b> topical anesthetic —for gum or teeth discomfort.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Dental Wax</b> —orthodontia bracing relieve oral irritation.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Lubriderm/Eucerin lotion, or A&amp;D ointment</b> —for dry and scaly skin.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Eye Wash, Contact, or Saline Solution</b> —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*