



St. John – Hudson USD 350  
Request for Over-the-Counter Medication during School Hours

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_

Allergies/Reaction: \_\_\_\_\_ School Year: \_\_\_\_\_

The following over-the-counter medications are kept in the nurse’s office for occasional student use. If a student requires any of the following medications on a frequent basis, it is the parent/guardian’s responsibility to supply the medication to the school. Any medication brought from home to be used at the school, **MUST BE IN THE ORIGINAL CONTAINER WITH ALL LABELS INTACT.**

I give the school nurse, or the delegate, permission to administer any of the following medications according to the package directions for age and dosage:

- Acetaminophen (Tylenol) or Ibuprofen (Motrin) for headaches or minor aches. This will not be given for any student with a temperature of 99.5F or greater.
- Midol for menstrual cramping.
- Cough drops for cough and sore throat.
- Diphenhydramine (Benadryl), oral, for mild allergic reactions.
- Diphenhydramine (Benadryl), topical, for rashes and insect bites.
- Sting Relief for insect bites.
- Vaseline for dry lips and skin.
- Aloe Vera gel for sunburns.
- Orajel for oral pain.
- Isopropyl Alcohol for disinfecting.
  
- I **do NOT** want any of the above medications administered to my child.

I understand that any school employee who administers these medications according to proper dosages listed on the label shall not be liable for damages as a result of an adverse reaction to the medication administered.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date