Custer County School District
Over the Counter Medications for 2020-2021 School Year

As you may realize, there can be times while your child is at school when minor injuries, aches, pains or other symptoms may occur. These common over-the-counter medications and dosages listed below have been approved by a local physician and we have her permission to administer them during the school year to those children whose parents/guardians approve. No medication will be given/used unless **absolutely** necessary and other avenues have proven ineffective for relief. It is mandatory to have your permission before dispensing/administering any medications to your child while he/she is at school. Please indicate if your child has an allergy to a specific generic or name-brand drug. If you have any questions or concerns, please feel free to contact Katherine Carpenter, School Nurse at 783-4920. **Please initial each line below to indicate which medications can be given in school.**

Name of Student _____ Grade_____

___1. **Acetaminophen Regular Strength (Tylenol or Generic Substitute)**
For headache, pain, menstrual cramps, toothache, or fever. Dosing is dependent on weight/age. Only two doses of this medication will be given per school day. If the problem persists for more than 2 days, or child has a fever over 101, you will be contacted to take the child home.

___2. **Ploymixin B Sulfate-Bacitracin, Zinc-Neomycin Sulfate Ointment (Neosporin Ointment or Generic Substitute)**
Apply a small amount on minor cuts and scrapes, one to three times daily.

___3. **Mentholated Throat Lozenge, Cepacol Throat Lozenge or Generic Substitute**
For throat irritation allow lozenge to dissolve slowly in the mouth. If fever is present, or pain persists, you will be notified to take child home. Child may bring one day supply to school.

___4. **Mentholated Cough Drops or Generic Substitute**
Allow cough drops to dissolve slowly in mouth. If cough is excessive or persistent you will be contacted to take your child home. Child may bring one day supply to school.

___5. **Hydrocortisone Cream, Calamine/Caladryl Lotion or Generic Substitute**
Apply to itching skin or bug bite, 1-2 times a day as needed. If rash is present, parent will be notified.

___6. **Burn Gel, Aloe Vera Lotion, Lidocaine 1% or Generic substitute:**
Apply small amount to burn area, 1-2 times per day.

___7. **Calcium Carbonate (Tums or Generic Substitute)**
Chew 1-2 tablets for indigestion, heartburn, or upset stomach. If vomiting occurs, child will be sent home.

___8. **Ibuprofen (Motrin, Advil, or Generic Substitute)**
For headache, pain, menstrual cramps, toothache or fever. Dosing is dependent on weight/age. Only two doses of this medication will be given per school day. If the problem persists for more than 2 days, or child has a fever over 101, you will be contacted to take the child home.

___9. **Saline Eye Drops (Liquid Tears or Generic Substitute)**
Instill 1-2 drops into eye for dryness or minor irritation.

___10. **Hand Lotion**: Apply to dry hands as needed. **Vaseline or Lip Balm:** Apply to dry lips as needed. **Sunscreen:** Apply to skin as needed.

___11. **Diphenhydramine (Benadryl of Generic Substitute)**
To be used **only** in the event of minor, non-life threatening signs of an allergic reaction (ie. hives, localized itching, and/or rash. Dosing is dependent on weight/age. Parents will be notified of benadryl administration.

Please initial each line below that applies to your child and each number above that you desire for your child.

_____I have carefully read the above information regarding each medication available for my child's use and hereby authorize the school nurse or designee to administer any/all of them as they see necessary and as per the doctor's standing orders.

_____I DO NOT want any of the medications given to my child during the school year.

_____I have carefully read the information above regarding medications and hereby authorize the school nurse/designee to administer any of them EXCEPT (please list the medications you DO NOT want your child to receive):

Signature of Parent or Guardian:_____ Date _____