



**ELIM CHRISTIAN SCHOOL  
PERMISSION FOR OVER-THE-COUNTER MEDICATION**

Student Name: \_\_\_\_\_ School Year \_\_\_\_\_

The following items are available in the nursing office. Please indicate by checking the box the items you permit the nursing staff to administer. If a specific brand is required for your student, the parent/guardian must provide the item. Please label the item with your child’s name as it will be stored in the nursing office for the student’s personal use. The parent/guardian will be contacted prior to the administration of any medication.

- Motrin** (or generic) for pain, menstrual cramps
- Tylenol** (or generic) for pain, menstrual cramps
- 1% Hydrocortisone Topical Cream** for minor skin irritations and rashes
- Triple Antibiotic Topical Cream** for infection prevention in minor skin abrasions
- Bactine** (or generic) for antiseptic use and pain relief
- Sun Screen Lotion** for prevention of sunburn
- Aloe Vera Gel/Lotion** for relief of minor sunburn
- Desitin** (or generic diaper rash cream) for relief of diaper rash

**The dose given will be according to the medication label. If a specific, off-label dose is required, Elim’s prescription medication form must be completed.**

I give my permission for my child to receive the over-the-counter items indicated above when appropriate. I understand that it is my responsibility to notify Elim of any changes in regards to the administration of any of the items indicated above. I also understand that *any* other over-the-counter medications, including but not limited to vitamins, supplements and creams will require the completion of Elim’s prescription medication form in order for the medication to be administered during the school day.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

