



OTC Medication Permission Form 2020-21

Dear Parents,

If you wish for your child(ren) to receive ANY **over-the-counter** medication during the 2020/2021 school year, we require written permission from you. The following is a list of over-the-counter medications available for dispensing at school. Please indicate with a check mark if your child(ren) may receive any of these medications.

Student's Name: _____ DOB: _____ Grade: _____

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- Cough Drops- Halls Brand Sugar Free Honey and Lemon Flavored (*if another cough drop is preferred please send them in a labeled baggie*)
 - I would prefer my child(ren) gargle with salt water to relieve their sore throat
- A&D Cream, apply topically to affected area as needed for minor cuts, abrasions, chafed skin, burns
- Vaseline applied to chapped lips
- Generic Caladryl Clear applied as needed for minor itching
- Equate Triple Antibiotic Ointment applied to help prevent infection in minor cuts, scrapes, and burns
Active antibiotics in Equate brand: Bacitracin Zinc, Neomycin Sulfate, Polymyxin B Sulfate

Parent/Guardian signature _____ date: _____



Permission to Apply Sunscreen/Insect Bite Prevention 2020-21

Parents may opt to have their student apply sunscreen and/or insect bite prevention prior to Environmental Education class, during field trips, and/or other outside activities such as PE and recess. Any products must be labeled with the student name, be in their original containers, and handed to CLCS staff for storage and supervision of application. We also need this permission on file in order for your student to be allowed to self-apply during school. Students should know they must not share products (due to allergy issues) and products are kept in the CLCS staff office, not in backpacks.

I give (name of child/ren) _____ permission to use
(please circle): **Sunscreen** **Tick/Insect Repellent**

I have provided the following products for use by my child(ren):

Sunscreen: _____

Tick/Insect Repellent: _____

I request that my child(ren) be allowed to apply (please circle): **Sunscreen** **Tick/Insect Repellent**

prior to the following activities:

___ Environmental Education Class

___ Field Trips

___ Outside PE

___ Recess

For Primary A students:

_____(please initial) I understand that sunscreen/insect repellent may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. Unless checked above, application will be made only for prolonged periods of exposure outside (not including recess).

Parent/Guardian signature _____ date: _____