East Haddam School District

Over-the-Counter Medication - Parent Permission Slip

Dear Parent or Guardian:

Our medical advisor approved the administration of the following oral medications to your child when annual, signed parental permission has been received by the school. These medications will be given at school by the nurse in accordance with the School Board Policy. State guidelines don’t permit the medical advisor’s “standing orders” for these medications to cover delegation of administration to teachers on field trips so please provide the nurse with an order from your child’s personal physician if you want medication to be sent on field trips.

- Tylenol - relieve pain, fever
- Ibuprofen - relieve pain, fever, inflammation
- Tums - antacid for stomach upset
- Aleve - only stocked at high school

Also used are the following products for which parental permission is implied:

Caladryl lotion for poison ivy, mosquito bites, itchy rashes. Bacitracin, Bactine, or hydrogen peroxide for minor cuts, scratches, and scrapes. Solarcaine or Bactine for minor burns or sunburn. Petroleum jelly for chapped lips. Saline gargle or cough drop for sore throat. Anbesol for toothache, sore gums, cold sores, or fever blisters.

Please complete contact information, below, and if any of your contact information changes during the school year, notify the health office immediately. We must be able to reach you in the event of an emergency. This information will be kept confidential in your child’s medical record.

__________________________  ________________________
Student Name:                     Grade:  

☐ Tylenol          ☐ Ibuprofen         ☐ Tums
☐ Aleve (only stocked at the High School)

Parent/Guardian Signature: ___________________________ Date: ______________

In the event of a medical emergency, parents may be reached at the following numbers:

Mother Home: __________________ Work: __________________ Cell: ___________

Father Home: __________________ Work: __________________ Cell: ___________

IN THE EVENT PARENTS CANNOT BE REACHED, THE FOLLOWING PEOPLE MAY BE CONTACTED

1. __________________ Phone: __________________
2. __________________ Phone: __________________
3. __________________ Phone: __________________

Family Physician: __________________ Phone: __________________

Hospital/Emergency facility of choice: __________________