



**Louisville Adventist Academy**  
**PERMISSION TO GIVE “OCCASIONAL”**  
**OVER-THE-COUNTER MEDICATION**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased “over-the-counter.” This form is REQUIRED before over-the-counter medications can be administered at school.

**PLEASE INITIAL** each medication for which you are giving permission.

Or \_\_\_\_\_ I approve all medications listed below.

Or \_\_\_\_\_ I do not wish that any OTC medications be given to my child while at school.

<b>TOPICAL MEDICINES</b>	<b>ORAL MEDICATIONS</b>
_____ Antibiotic ointment (i.e. Neosporin)	_____ Ibuprofen (i.e. Advil, Motrin)
_____ Hydrocortisone cream	_____ Acetaminophen (Tylenol)
_____ Benadryl (spray or gel)	_____ Antacid (i.e. Tums)
_____ Sunscreen	_____ Antihistamine (i.e. Benadryl, loratadine)
_____ Eye drops	_____ Cough drops (i.e. Ricola)

(For example, Neosporin after scraping their knees on the playground, or Benadryl spray after an ant bite, Advil for a headache.) Please note that the school is not able to supply medication for frequent or daily use.

OTC medications will be given at the manufacturer’s recommended dosage.

**THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date