

## Hillcrest SDA School

### 2018-2019 Health Care and Over-The-Counter Medication Consent Form

(For OTC products provided by school)

Students Name: \_\_\_\_\_

Hillcrest School, with parent/guardian written consent, will provide the basic treatments for minor illnesses and injury while at school. **Please cross out any medications you would NOT want Hillcrest to administer to your child.**

#### Anti-itch

Benedryl Cream  
Caladryl / Calamine lotion  
Hydrocortiosone Cream 0.5%  
and 1%

#### Oral / Dental

Vaseline for chapped lips  
Salt for Gargle  
Cough drops  
Dental Floss

#### Miscellaneous

Isopropyl alcohol  
Aloe Vera  
Hydrogen Peroxide  
Baking Soda  
Antacids / Tums

#### Eye Care

Solution / lubricating drops  
Saline eye solution  
Wash/irrigation  
Visine eye drops

#### Wound Care

Bactine / Wound Care Wash  
Triple Antibiotic Ointment

#### Pain Reliever

Tylenol  
Ibuprofen

I, \_\_\_\_\_ (parent name) give Hillcrest SDA School permission to treat my child to include the above-referenced over-the-counter medication(s) as needed, but not to exceed manufacturer's recommendations.

This signed consent form shall remain valid for the current school year. Note: If a child demonstrates habitual usage of the over-the-counter medications, a doctor's order may be requested to verify that ongoing symptoms have been evaluated and the parent may be required to provide the medication.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_