

Contoocook Valley School District
Consent for Over the Counter Medication Administration
South Meadow School 108 Hancock Rd. Peterborough, NH 03458
Telephone # 603-924-7105 Fax # 603-924-2064

Student Name _____ DOB _____
School South Meadow School Grade _____ School Year _____

I give permission for my child to receive any medication **checked** below on this form as deemed necessary by the RN or principal's designee. I understand that generic equivalent medications may be used.

Please indicate any known allergies: _____

Medications

- Acetaminophen 325 mg tablets (like Tylenol) _____
- Ibuprofen 200 mg tablets (like Advil/Motrin) _____

- Antacid chewable tablets (like TUMS) _____
- Diphenhydramine (like Benadryl - for emergency use only) _____

- Aloe
- Antibiotic ointment (like Bacitracin or Neosporin)
- Bee Sting Wipes (contains benzocaine)
- Calamine Lotion/Spray (for itchy rashes)
- Hydrocortisone Cream 1%

Parent/Guardian Signature _____ Date _____

This consent form must be on file in your child's health folder and must be updated each school year.