



OVER-THE-COUNTER MEDICATION ADMINISTRATION *Parent Permission Form*

According to the NH Code of Administrative Rules: Education, ED 311.02 School Health Services: Non-prescription medication shall be given only with the written request and permission of the parent and/or guardian.

I request that _____ be assisted by the Concord Christian Academy school designee, to receive the following stocked over the counter medications as needed during school hours.

Please check-mark each authorized medication. No medication will be administered without parental permission.

- Tylenol - liquid form dosed by weight. Child weighs: _____ lbs
- Jr. Strength Chewable Tylenol / Acetaminophen 160 mg tablets
- Tylenol / Acetaminophen 325 mg tablets
- Ibuprofen 200 mg tablets
- Antacid Tablets (Calcium Carbonate)
- Cough Drops
- Calamine Lotion
- 1% Hydrocortisone Cream
- Triple Antibiotic 1st Aid Ointment (Neomycin, Polymyxin, Bacitracin)
- Sting Kill Wipe (for insect bites - with Benzocaine, Isopropyl Alcohol, Menthol)

We the parents, authorize the school designee, to assist our child in taking the above oral or topical medications and agree that we will not hold liable any member of the school staff who is directed by us (the parents) and the School Director to assist our child in taking said oral or topical medication.

Parent / Guardian Signature

Date