



# Irvine Ranch Outdoor Education Center

## PARENT PERMISSION TO GIVE "OCCASIONAL" OVER-THE-COUNTER MEDICATION

Name: \_\_\_\_\_ School: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter." The Irvine Ranch Outdoor Education Center has listed below the OTC medications kept on hand. This form is required before over-the-counter medications can be administered. Exceptions to this are homeopathic/herbal medications and aspirin, which require completing the form "**Permission to Give Prescription/Homeopathic Medication at the Irvine Ranch Outdoor Education Center.**"

**PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION**

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

\_\_\_\_\_ I do not want any OTC medications given to my child

TOPICAL:
_____ <b>Antibiotic cream</b> (i.e. Bacitracin Cream, Polysporin)
_____ <b>Hydrocortisone cream</b> (i.e. Cortaid)
_____ <b>Benadryl Cream</b> (i.e. Caladryl, Diphenhydramine)
_____ <b>Sunscreen</b>
_____ <b>Oral products containing benzocaine</b> (oragel, chloraseptic)
_____ <b>Tincture of Benzoin, Mastisol</b> (helps tape adhere)
_____ <b>Burn gels</b>
_____ <b>Eye drops for dryness</b>

ORAL:
_____ <b>Ibuprofen</b> (i.e. Advil, Motrin, Nuprin)
_____ <b>Acetaminophen</b> (i.e. Tylenol)
_____ <b>Antacid</b> (i.e. Mylanta, Maalox, Tums)
_____ <b>Cold Medications</b> (guaifenesin, pseudoephedrine, phenylephrine)
_____ <b>Antihistamine</b> (i.e. Benadryl, chlorpheniramine, Loratadine)
_____ <b>Cough syrup</b> (dextromethorphan, plain or medicated cough drops)

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

<b>THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT</b>	
_____	_____
(Signature of Parent or Guardian)	(Date)

When sending OTC medications to school, they must be sealed in the original manufacturer's container and with the label intact or the medication will not be accepted.