

St. Louis Children's Hospital Healthy Kids School Nurse Program Over the Counter Standing Orders

PARENT PERMISSION FOR THE ADMINISTRATION OF OVER-THE-COUNTER MEDICATION

Listed below are nonprescription medications that the nurses can give to students only with parent permission. We hope that using these medications, as needed, will reduce both absenteeism and student discomfort while in school. If a student needs routine medications, other arrangements should be made. Medications will be given in age/weight appropriate doses. You will be informed if nonprescription medications are given to your child.

Abreva or Carmex topical for cold sores or lesions on face or lips

Acetaminophen (Tylenol) for headache and fever

Benadryl (Diphenhydramine HCL) for allergy symptoms

Benzalkonium Chloride or **Bactine** for wound antiseptic

Benzocaine Sting Wipes for insect bites and stings

Blistex (or generic) – for relief of chapped lips.

Calamine or Caladryl Lotion (or generic) for itchy rash (not to be applied around the eyes)

Cepacol or another sore throat spray

Chloriseptic throat spray or Listerine mouthwash for relief of sore throat

Contact Lens Solution for cleansing prescription and non-prescription contact lenses

Cough Syrup (non-alcohol based, such as Robitussin) for dry cough

Ibuprofen (Advil, Motrin) for muscle aches and pains, cramps, sinus pain

Loratadine (Claritin) for allergies and sinus.

Natural tears (or any saline eye drops) for eye dryness and/or itching.

Throat lozenges for cough or sore throat (high school students only)

Topical antibiotic or vitamin (A&D) ointment for minor cuts and scrapes

Topical Hydrocortisone Cream for minor skin irritation, minor burns, and rashes (not to be used on the face)

Tums for stomach upset (12 years of age and older)

Visine Allergy Eye Drops for itching eye.

Please fill out this form, giving your permission for your child to get these medications if needed. It will become a part of his or her health file. **If you do not want a certain medication given to your child, cross out the name of the medication on the list above.** No nonprescription medications will be given to students whose parents do not complete and return this form.

PLEASE PRINT:

Child's Name _____ DOB: _____

Allergies _____

Age _____ Grade _____ School _____

Phone: _____ Emergency Phone: _____

Printed name of parent of guardian signing this form: _____

As the parent or legal guardian of the above named child, I give permission for the school nurses/nurse practitioner/physician to give the above named nonprescription medications to my child for the conditions indicated (**except for any that I have crossed out**). This will be effective for the 2024-25 school year.

Parent/Guardian Signature _____ **Date** _____