

Boston Public Schools – Consent for Administration  
of Approved OTC Medications

2018-  
2019

Date:    /    /   

Is your child allergic or sensitive to any medications? If yes, which ones? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any medical or health problems?  No  Yes - Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any long-term medication your child receives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for my child \_\_\_\_\_ to receive the medication(s) listed/checked below as deemed necessary by the School Nurse. I understand that a generic equivalent medication may be used. I understand that ***Only the School Nurse***, in accordance with established written protocols, will administer the medication(s) I have checked. Please contact the School Nurse with any questions or concerns.

- Ibuprofen (Advil, Motrin)
- Acetaminophen (Tylenol)
- Benadryl
- Bacitracin (or other antibacterial cream/ointment)
- Calamine Lotion / other topical

\_\_\_\_\_  
*Signature of Parent/Guardian*

   /    /     
*Date*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Cell Phone*

\_\_\_\_\_  
*Work Phone*

\_\_\_\_\_  
*Emergency Phone*