



HAMPDEN CHARTER SCHOOL OF SCIENCE

Hampden Charter School of Science
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Over-the-Counter Medication Authorization Form

Child's Name: _____ Date of Birth: _____

Grade: _____

I, _____, give the school nurse permission to give my child,
_____, the following initialed over-the-counter medication as
needed while my child attends Hampden Charter School of Science for the current school year:

(Note: Any line next a medication that is NOT initialed indicates that consent was NOT given for your child to receive that particular medicine as needed for the current school year)

1. ___ Acetaminophen (Tylenol) tablets/ liquid for fever or pain-give according to directions on package
2. ___ Ibuprofen (Motrin) tablets or liquid for pain-given according to directions on package
3. ___ Antacid tablets /liquid for heartburn, upset stomach-give according to direction on package
4. ___ Cough drops-1 every 1-2 hours for cough/irritated throat
5. ___ Throat Lozenges-1 every 1-2 hours for sore throat
6. ___ Diphenhydramine HCL (Benadryl) tablets of liquid for allergy reaction-give according to directions on package
7. ___ Imodium for diarrhea-give according to directions on package
8. ___ Ora-gel to cold sores/toothaches
9. ___ Epinephrine 1:1000. 0.3mg, IM or 1:2000, 0.15mg IM for severe reaction (ex: insect sting, food, latex)
10. ___ Hydrocortisone Cream 1% apply topically TID for rash (ex: eczema, poison ivy)
11. ___ Lotrimin Cream apply topically for athletes feet
12. ___ Neosporin/Bacitracin/Triple Antibiotic Cream apply topically for cuts/abrasions
13. ___ Callergy, Calagel, or Benadryl gel/cream- apply topically for rash or bug bites
14. ___ Cooling Gel or First aid cream/gel-apply topically for minor burns or scrapes
15. ___ Alcohol based Hand sanitizer applied topically according to directions on label

I do NOT give consent for any of these medications to be given to my child

Parent/Legal Guardian Signature

Date