

HARRISVILLE CENTRAL SCHOOL

**NURSE MEDICATION DISPENSING FORM**

New York State Education Department requires the school to have on file permission signed by the parent/guardian **and** the child's physician **before** we can administer **any** medication to your child. This includes both prescription and non-prescription (over the counter) medications. After consultation with the school physician, the following non-prescription medications will be available in our Health Office for use by the school nurse.

**Please** mark an X to the left of any medication you **DO NOT** wish your child to receive.

- Acetaminophen For age every 4 hours as needed for mild aches, pain, headache, toothache, menstrual cramps, fever
- Bacitracin Antibiotic ointment for abrasions & superficial wounds
- Chloroseptic Spray Sore throats, mouth pain
- Cinder Suds Foam soap lifts dirt and debris from minor wounds
- Cough Drops/Lozenges Soothes throat, aids in preventing cough
- Cramergesic Muscle rub, like Bengay
- Diphenhydramine Antihistamine like Benedryl: sneezing, runny nose, itchy throat, watery eyes
- Foille Burn Ointment or spray: soothes minor burns or sunburn
- Glyoxide Antiseptic oral cleanser: minor mouth or gum irritations, soothes canker sores
- Hydrogen Peroxide To cleanse wounds
- Ibuprofen For age every 4 hours as needed for headache, , musculoskeletal complaints, menstrual cramps
- Loratadine Tablets Antihistamine like Claritin: seasonal allergies, hives, stuffy nose, sinus headache
- Murine Tears Lubricant eye drops, dry eyes
- Ora-Jel Toothache, mouth sores
- Pepto Bismol Heartburn, nausea, indigestion, diarrhea
- Strawberry Ointment Antiseptic to seal out infection & inhibit bacterial growth of minor wounds
- Tetrahydrozoline Eye drops: like Visine, relieving eye redness
- Tums Heartburn, sour stomach, ingestion
- Tussin DM Cough suppressant expectorant: controls cough, loosens chest congestion
- Vaseline To lubricate chapped lips
- Waterless Hand Sanitizer To cleanse hands when soap & water are not available
- Other \_\_\_\_\_ as provided by parent

I give permission for the use of all of the above medications in the treatment of my child **EXCEPT THE ONES THAT ARE MARKED WITH AN X**, as deemed appropriate by the school nurse. This permission will remain in effect for the 2009-2010 school year unless I notify the school in writing.

**STUDENT NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**Both Signatures Are Required.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE