

Contoocook Valley School District
Consent for Over the Counter Medication Administration

ConVal Regional High School
184 Hancock Road
Peterborough, NH 03458

Telephone # 603-924-3869

Fax # 603-924-0046

Student Name _____

DOB ____/____/____

School Year 2017-2018

I give permission for my child to receive any medication checked below on this form, as deemed necessary by the RN. I understand that generic equivalent medications may be used.

Parent/Guardian Signature _____

Date _____

Medications/First Aid Product

___ Acetaminophen (e.g. Tylenol)

___ Aloe

___ Antacids (e.g. Tums)

___ Bacitracin Ointment (antibiotic ointment)

___ Benzocaine Wipes (for bee stings)

___ Calamine Lotion/Spray (for itchy rashes)

___ Diphenhydramine (aka Benadryl - for emergency use only)

___ Hydrocortisone Cream 1% (for itchy rashes)

___ Ibuprofen (e.g. Advil/Motrin)

Please indicate any known medication/food/environmental allergies:

This consent form must be on file in your child's health folder and must be updated each school year.