

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 2020-2021

*I give permission for my child to receive any medication checked below on this form.  
I understand that generic equivalent medications may be used.*

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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