

CONTOOCOOK VALLEY REGIONAL HIGH SCHOOL

184 Hancock Road, Peterborough, NH 03458

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ConVal School District Consent for Over-the-Counter Medication Administration School Year 2021-2022

Student Name _____ DOB ____/____/____

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.