

CONTOOCOOK VALLEY REGIONAL HIGH SCHOOL

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ConVal School District

Consent for Over-the-Counter Medication Administration

School Year 2022-2023

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.