SOMERVILLE PUBLIC SCHOOLS

Over-the-Counter Medication Permission Form

The administration of Over-the-Counter (non-prescription) medication in Massachusetts schools is regulated by 105 CMR 210.000 and the Board of Registration in Nursing Advisory Ruling 92-05: *Medication Administration of Over the Counter Drugs.*

Nurses can administer Over-the-Counter (OTC) medications with parent/guardian permission for relief of ***occasional*** pain or discomfort. A new form must be completed and **signed every school year** if you wish your child to receive OTC medications.

Below is a list of OTC medications kept in the nurse's office. **Please check the items you authorize your child to receive**. **Please do not send medication with your child**. State regulations prohibit students from carrying most medication to and from school.

_____acetaminophen (Tylenol)

_____ibuprofen (Advil/Motrin)

_____chewable antacid (TUMS)

_____oral diphendyramine ("Benadryl"-for mild allergic reaction)

_____benzocaine (for toothache/mouth pain)

_____topical diphenhydramine (for bug bites, itchy skin)

_____cetirizine ("Zyrtec"-for mild allergic reaction)

Child's Name:_____ Date of birth:_____

I give permission to the school nurse to administer the medications I have checked above. I understand that if my child is in 5th grade or below, the school nurse may need to contact me by phone or Talking Points before administration. I understand that OTC medications are **not** administered during field trips or outside of school hours.

Parent/Guardian Signature:_____ Date:_____

Parent/Guardian Name (print):_____

Parent/Guardian Phone Number: _____