



# Cornerstone Christian Academy

129 Route 28, Mountainside • Ossipee, NH 03864

TEL: 603.539.8636 • EMAIL: info@cornerstoneca.net

## Parent Permission for Dispensing Over-the-Counter Medications for School Year 20\_\_/\_\_/\_\_

The following over-the-counter medications will be given only with parental permission. Please sign your name next to the listed medications giving permission for administration of these medicines during the school year. *Please read carefully before signing.*

I give permission for (CHILD'S NAME) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
to take the following non-prescription medication under the supervision of the school nurse or designated staff member. I will indemnify and hold harmless any member of the school staff so designated to give this non-prescription medication. **Student's estimated weight to be used for dosage amount** \_\_\_\_\_

**Oral Medications require a signature for approval. Cornerstone will not dispense OTC Medications without verbal parental/guardian consent before administering.**

- \_\_\_\_\_ Acetaminophen for fever/headache/pain
- \_\_\_\_\_ Ibuprofen for fever/headache/pain
- \_\_\_\_\_ Tums/Rolaids for acid indigestion, sour/upset stomach
- \_\_\_\_\_ Benadryl for allergic reaction/allergy relief

The administration of the above listed medications will be documented.

### **Other medications: (Please initial any of the following you give permission to administer as needed)**

- |                                                                  |                                        |
|------------------------------------------------------------------|----------------------------------------|
| _____ Eye Drops for eye irritation/allergies                     | _____ Alcohol/Hydrogen Peroxide        |
| _____ Calagel/Calamine Lotion for rash or itch                   | _____ Band-Aid Antiseptic Wash         |
| _____ Hydrocortisone for skin irritation/rash or itch            | _____ Benadryl Lotion for rash or itch |
| _____ Anbesol liquid for tooth pain/canker sore                  | _____ Moisturizer for chapped skin     |
| _____ Blistex/Chapstick/Vaseline for chapped lips                | _____ Sting Relief for insect bites    |
| _____ Bacitracin or Neosporin ointment for abrasions, minor cuts |                                        |
| _____ Cough Drops                                                |                                        |

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent Signature (Print Parent Name) (Daytime Contact #) (Date - MM/DD/YYYY)

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