



# HAMPDEN CHARTER SCHOOL OF SCIENCE WEST

Hampden Charter School of Science - West  
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## Over-the-Counter Medication Authorization Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

I, \_\_\_\_\_, give the school nurse permission to give my child, \_\_\_\_\_, the following initialed over-the-counter medication as needed while my child attends Hampden Charter School of Science for the current school year:

**(Note: Any line next a medication that is NOT initialed indicates that consent was NOT given for your child to receive that particular medicine as needed for the current school year)**

1. \_\_\_ Acetaminophen (Tylenol) tablets/ liquid for fever or pain-give according to directions on package
2. \_\_\_ Ibuprofen (Motrin) ) tablets or liquid for pain-given according to directions on package
3. \_\_\_ Antacid tablets /liquid for heartburn, upset stomach-give according to direction on package
4. \_\_\_ Cough drops-1 every 1-2 hours for cough/irritated throat
5. \_\_\_ Throat Lozenges-1 every 1-2 hours for sore throat
6. \_\_\_ Diphenhydramine HCL (Benadryl) tablets of liquid for allergy reaction-give according to directions on package
7. \_\_\_ Imodium for diarrhea-give according to directions on package
8. \_\_\_ Ora-gel to cold sores/toothaches
9. \_\_\_ Epinephrine 1:1000. 0.3mg, IM or 1:2000, 0.15mg IM for severe reaction (ex: insect sting, food, latex)
10. \_\_\_ Hydrocortisone Cream 1% apply topically TID for rash (ex: eczema, poison ivy)
11. \_\_\_ Lotrimin Cream apply topically for athletes feet
12. \_\_\_ Neosporin/Bacitracin/Triple Antibiotic Cream apply topically for cuts/abrasions
13. \_\_\_ Callergy, Calagel, or Benadryl gel/cream- apply topically for rash or bug bites
14. \_\_\_ Cooling Gel or First aid cream/gel-apply topically for minor burns or scrapes
15. \_\_\_ Alcohol based Hand sanitizer applied topically according to directions on label

I do NOT give consent for any of these medications to be given to my child

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

\_\_\_\_\_  
Date