



# HAMPDEN CHARTER SCHOOL OF SCIENCE

## Over-the-Counter Medication Authorization Form (must be filled out/ signed for student to get meds)

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

I, \_\_\_\_\_, give the school nurse permission to give my child (named above) the following initialed or checked off over-the-counter medication as needed while my child attends Hampden Charter School of Science for the **current school year** (initial or check each allowed, form expires at end of 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.  Diphenhydramine HCL (Benadryl) tablets/liquid for allergy reaction-give per directions on package
5.  Vicks vapor rub topically according to directions on label for congestion
6.  Ora-gel/Anbesol to cold sores/toothaches
7.  Epinephrine 1:1000. 0.3mg, IM or 1:2000, 0.15mg IM for severe reaction (ex: insect sting, food, latex)
8.  Hydrocortisone Cream 1% apply topically TID for rash (ex: eczema, poison ivy)
9.  Callergy, Calagel, or Benadryl gel/cream- apply topically for rash or bug bites
10.  Cooling Gel/First aid cream/gel/Neosporin/Bacitracin/Triple Antibiotic-apply topically for minor burns or scrapes
11.  Saline eye drops, give per directions on package for dry, itchy, irritated eyes
12.  Muscle/Joint relief cream, apply to affected area per instructions on package/label (ex: Icy Hot)
13.  Sunscreen 30-50 SPF apply topically per directions on label for expected sun exposure
14.  Alcohol based hand sanitizer applied topically according to instructions on label

**I DO NOT** give consent for any of these medications to be given to my child (initial here if none allowed)

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Middle School

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### High School

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