



Saint Agatha School | Nurse's Office

RE: PARENT AUTHORIZATION & RELEASE FOR OVER THE COUNTER/PRESCRIPTION MEDICATIONS SCHOOL YEAR 2025-2026

Student Name:_____DOB:_____Grade:_____

The following medications are considered over-the-counter and are covered in this order:

- ☐ Acetaminophen (Tylenol)
- ☐ Ibuprofen (Motrin, Advil)
- ☐ Benadryl
- ☐ Bacitracin (or other OTC antibacterial cream/ointment)
- ☐ Calamine lotion
- ☐ Benadryl anti-itch cream
- ☐ Other_____

MY CHILD HAS THE FOLLOWING FOOD OR DRUG ALLERGIES:

I give my permission to the school Nurse to administer the above medications to my child during the school day if needed.

Parent/Guardian

Signature_____Date_____