



5501 Delmar Blvd, Ste. B560  
Saint Louis, MO 63112  
(314) 833-4030  
FAX (314) 833-4031  
www.ifm-stl.org

## St. Louis Public School District

### PARENT PERMISSION FOR THE ADMINISTRATION OF OVER-THE-COUNTER MEDICATION

Listed below are nonprescription medications that the nurses can give to students only with parent permission. We hope that using these medications, as needed, will reduce both absenteeism and student discomfort while in school. If a student needs routine medications, other arrangements should be made. Medications will be given in age/weight appropriate doses. You will be informed if nonprescription medications are given to your child.

**Abreva or Carmex topical** for cold sores or lesions on face or lips  
**Acetaminophen** (Tylenol) for headache and fever  
**Albuterol** (see Albuterol order) for emergency use in asthmatic reaction  
**Allergy Eye Drops** for itching eyes  
**Benadryl** (Diphenhydramine HCL) for allergy symptoms  
**Benzalkonium Chloride** or **Bactine** for wound antiseptic  
**Benzocaine Sting Wipes** for insect bites and stings  
**Blistex** (or generic) – for relief of chapped lips  
**Calamine or Caladryl Lotion** (or generic) for itchy rash (not to be applied around the eyes)  
**Cepacol** or other sore throat spray  
**Chlorisepic** throat spray or Listerine mouthwash for relief of sore throat  
**Clotrimazole** as an antifungal for skin itch and rash  
**Contact Lens Solution (Saline)** for cleansing prescription and non-prescription contact lenses  
**Cough Syrup** (non-alcohol based, such as Robitussin) for dry coughs  
**Epi pen** (See epi pen order) for emergency use in allergic shock  
**Ibuprofen** (Advil, Motrin) for muscle aches and pains, cramps, sinus pain  
**Loratadine** (Claritin) for allergies and sinus  
**Maalox** (or comparable nonprescription antacid) in liquid or tablet form for stomach upset  
**Natural tears** (or any saline eye drops) for eye dryness and/or itching  
**Ocean Nose Spray** (or generic saline nasal spray) for stuffy nose or nasal dryness  
**Oragel** (or generic equivalent) for temporary relief of mild toothache  
**Throat lozenges** for cough or sore throat (OK for middle and high school - note that special precautions need to be taken for elementary school to avoid choking risk)  
**Tolnafatate or Clotrimazole** as an antifungal for skin itch and rash  
**Topical antibiotic or vitamin (A&D) ointment** for minor cuts and scrapes  
**Topical Hydrocortisone Cream** for minor skin irritation, minor burns, and rashes (not to be used on the face)  
**TUMS** in tablet form for indigestion  
**Wound glue** – Wound glue may be used for small or minor (less than 5 cm) wounds with straight edges that are easily pulled together.



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Please fill out this form, giving your permission for your child to get these medications if needed. It will become a part of his or her health file. **If you do not want a certain medication given to your child, cross out the name of the medication on the list above. No nonprescription medications will be given to students whose parents do not complete and return this form.**

**PLEASE PRINT:**

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Printed name of parent of guardian signing this form:** \_\_\_\_\_

As the parent or legal guardian of the above named child, I give permission for the school nurses/nurse practitioner/physician associated with the School district to give the above named non prescription medications to my child for the conditions indicated (**except for any that I have crossed out**). This will be effective for the 2024-2025 school year.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_