



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
Chloriseptic 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 2025-2026 school year.

Parent/Guardian Signature _____ **Date** _____