**Westbrook Middle/High School**

**Authorization for Stock Non-Prescription Treatments Administration**

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_

**To be completed and signed by Parent/Guardian:**

There may be times when your child will ask for non-prescription medications/treatments to help relieve symptoms related to minor conditions such as poison ivy, cuts, scrapes, chapped lips, etc. A Registered Nurse is available to assist in the assessment of the student’s conditions and to respond appropriately in dispensing these medications/treatments. The PARENT/GUARDIAN must indicate which of the available non-prescription drugs/treatments **MAY NOT** be used or given by checking the appropriate boxes listed below. Dr. Perrin, our medical advisor, has approved the non-prescription medications listed below for use at school.

|  |
| --- |
| Check box for medication/treatment **NOT** to be given to your child |

* Aloe Vera Gel (moisturizing therapy)
* Antacid Tablets (stomach upset)
* Antibiotic Ointment / Bacitracin (infection prevention)
* Bactine (wound care)
* Benadryl (allergic reaction)
* Betadine/Phisophex/ Hibclens/Dial (soap)
* Burn Gel (burns)
* Calamine/Callergy Lotion  (skin irritation, rash, poison ivy)
* Cough Drop (sore throat, cough)
* Hand/Body Cream (moisturizing cream)
* Hydrocortisone Cream 1.0% (rash)
* Isopropyl Alcohol (wound cleaning/piercings)
* Lip Ointment (chapped lips)
* Petroleum Jelly/Vaseline (chapped lips)
* Saline Eye Drops (eye irritations/contact lens solution)
* Tinc of Benzoin (secure bandage)

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Revised 1/8/2020