

Springfield International Charter School
 Springfield, Massachusetts

Over the counter (OTC) medication
GRADES 6-12 only

Student's Name _____ DOB _____ Grade _____

I give permission to the school nurse to administer any of the following OTC medications to my child according to the protocol noted below. I understand this order needs to be filled out every school year and that all other medications require a written doctor's order with written parent consent. I realize the school nurse may limit usage and may contact me requesting medical attention as appropriate.

| | |
|---------------------------------------|---|
| Acetaminophen (Tylenol) 325 mg | 1-2 tablets, orally, as needed for headache, menstrual discomfort, tooth discomfort, or earache |
| Cough drop/oral anesthetic | 1-2 drops, orally, as needed for cough or sore throat |
| Calcium Antacid (Tums) 500 mg | 1-2 tablets, orally, as needed for stomachache/indigestion |
| Bacitracin-zinc ointment | Topically, as needed for cut/abrasion or superficial burn |

[Signature] BARRERA 8/17/22

School Physician /Consultant Date

[Signature] RN 8/17/22

Kathleen Dupuis, BSN, RN, NCSN Date
 Nurse Leader

My child has taken the above medications at home and has had no allergic reactions. I will contact the school nurse if any concerns arise.

Parent signature Date

160 Joan St., Springfield, MA 01129, U.S.A.
 Tel: (+1) 413 783 2600 Fax: (+1) 413 783 2555

Springfield International Charter School does not discriminate based on race, color, national origin, disability, sex, religion, sexual orientation, homelessness, or gender identity