



School Year: 2009-2010

OVER THE COUNTER

Student's Name _____ has my permission for the following over the counter items to be used if needed.

*Please draw a line through items the student is allergic to or items you do not want to be used.

- Antiseptic Towelette (Benzalkonium Chloride)
- Antacid (Tums)
- Bactine
- Band-Aids
- Betadine
- Calamine Lotion
- Desitin Ointment
- Hydrocortisone 1% cream (itching)
- Hydrogen Peroxide
- Hypoallergic Paper Tape
- Isopropyl Alcohol Wipes
- Medicated Vaseline
- Pepto-Bismol
- Sterile Eye Wash
- Sore Throat Lozenges - (crushed if 5 years old and under)
- Sunscreen (15 sunblock)
- Sting Ease Swab (Pramoxine HCl 1%, Benzalkonium C 1 0.1%, Isopropyl Alcohol 30%)
- Tylenol
- Triple Antibiotic Ointment (Bacitracin zing, Neomycin sulfate, Polymyxin b sulfate)
- Triaminic Cough/Cold Syrup
- Triaminic Nasal Decongestant

The above items will be used according to manufacturers' instructions.

Physician's Signature

Kathy Tenney, RN
School Nurse

I have reviewed the above list and made necessary changes.

Parent/Guardian Signature _____