

**OVER-THE-COUNTER MEDICATIONS (OTC)  
PARENT PERMISSION FORM**

The school physician for Framingham Public Schools, with the approval of the School Committee, and in compliance with Massachusetts Department of Public Health Regulations (105 CMR 210.00) has authorized the district's school nurses to administer the following over-the counter medications during the school day:

- IBUPROFEN (Advil, Motrin)—for headaches, body aches or menstrual cramps
- ACETAMINOPHEN (Tylenol)—for headaches, body aches or menstrual cramps
- BENADRYL—for general allergy symptoms
- TUMS/MAALOX—for upset stomach or indigestion
- Visine Allergy Relief—for eye allergy symptoms

To assure safe administration of OTC medications to students during the school day, the school nurse will:

- Assess the student's condition, current medication profile, history of allergies and evaluate the need for medication.
- Review the signed parent permission form, which is valid for one school year.
- Call the parent/guardian to confirm, when necessary, the time of the last dose given.
- Administer the correct dosage according to the physician's written protocols.
- Document the medication administration in the health office visit log.
- Contact parent/guardians who have requested notification following OTC medication administration during the school day.

***School Health Services will provide the over-the-counter medications listed below.  
I give my consent to the school nurse to administer the following medications as needed during the school day.***

**Please Circle All That Apply:**

**IBUPROFEN   ACETAMINOPHEN   BENADRYL   TUMS/MAALOX   VISINE ALLERGY RELIEF**

School: \_\_\_\_\_ DOB: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Phone Numbers:

(wk) \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_

*Please notify me when OTC medication is administered to my child during the school day.*

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

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