



**Siena Catholic Academy**  
MIDDLE SCHOOL

---

Dear Parents,

Whenever possible, the district asks that all medications, prescription and non-prescription, be given at home. In order to comply with State Education Department regulations, the **signatures of both a parent and physician** are required for the administration of any over-the-counter medication.

**PLEASE SIGN AND RETURN**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ I give permission for the school nurse to administer per manufacturer's instructions and as appropriate, the following OTC products only as checked for my child for the 2018-2019 school year without a prior phone call:

- \_\_\_\_\_ Petroleum Jelly or Aquaphor for chapped skin or lips
- \_\_\_\_\_ Aloe Gel or Cream for a minor skin irritation
- \_\_\_\_\_ Unscented hand and body moisturizing lotion
- \_\_\_\_\_ Calamine lotion or Benadryl Cream or Spray for an itchy rash or insect bite
- \_\_\_\_\_ Ophthalmic saline for contact lenses
- \_\_\_\_\_ Bacitracin ointment for a minor skin cut, abrasion, or wound
- \_\_\_\_\_ Ibuprofen for menstrual, muscular-skeletal, or headache pain
  
- \_\_\_\_\_ Acetaminophen(Tylenol) for headache pain
  
- \_\_\_\_\_ Tums for indigestion
- \_\_\_\_\_ Saline (salt water) gargles for sore throat or rinses for mouth sore
- \_\_\_\_\_ Cough drops for sore throat/cough

\_\_\_\_\_ I do not give permission for the above medications unless I give prior verbal permission. I understand my child will not get the above products if I am unavailable.

---

Physician Signature

Date

---

Parent Signature

Date

Daytime Phone