



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

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 \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

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

Parent's Phone Numbers:

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

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