

**Fell Charter School  
School Health Services  
PERMISSION FOR ADMINISTERING HEALTH OFFICE MEDICATIONS (2024-2025)**

The school physician has approved the following nonprescription medications to be stocked in the nurse's office and administered to Fell Charter students by the nurse or approved designee, under certain circumstances, if not allergic **and with written parental permission**. Dosages will be administered according to manufacturer's package instructions. **Please review, sign and return to the school nurse.**

*If a student needs medications (prescription or over-the-counter) given on a regular basis, the Authorization for Medication Form must be completed by the physician and parent. Contact the nurse.*

**Non-Prescription Medications:**

- Acetaminophen (Tylenol) for minor headache (not related to head injury), minor pain or fever over 100 degrees until other arrangements can be made
- Ibuprofen (Motrin/Advil) for minor headache (not related to head injury), minor pain or fever over 100 degrees until other arrangements can be made.
- Cough drops/lozenges (generic) for minor cough and sore throat (given at the nurse's discretion)
- Antacid (TUMS) for minor stomach discomfort

*\*It is important to inform the nurse if a medication such as Acetaminophen or Ibuprofen was given to your child the morning before coming to school. When possible, you will be notified prior to administering these medications at school. When one of these medications (except cough drops) is given to your child, you will be notified.*

**Topical Non-Prescription Medications:**

- Calamine Lotion (generic) for minor rashes, bites
- Petroleum Jelly/Petrolatum for blisters, chapped lips, dry nose
- Sterile Eye Wash for minor eye irritation
- Antibiotic Ointment for minor abrasions/cuts
- Visine for minor eye irritation/allergies
- Anbesol for minor tooth/gum irritation
- Witch Hazel for minor skin irritations from insect bites, minor cuts/scrapes
- Sunscreen for prevention of sunburn
- Aloe Vera Gel for minor sunburn
- Sterile saline
- Antiseptic cleansing wash/spray

**Emergency Medications:**

- EPI-Pen and EPI-Pen Jr. will be kept on hand for severe allergic reactions and/or anaphylaxis. It will be administered per protocol. 911 will be called and parent will be notified immediately.

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Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Allergies \_\_\_\_\_

AGE \_\_\_\_\_ Grade \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_

***I give permission*** \_\_\_\_\_ ***I DO NOT give permission*** \_\_\_\_\_

*for the school nurse or approved designee to give the above-named non-prescription medications to my child for the conditions indicated for the current school year.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Parent/Guardian Name \_\_\_\_\_

Reviewed by School Nurse \_\_\_\_\_ Date \_\_\_\_\_