CRISTO REY HIGH SCHOOL | BOSTON

2026-2027 Over the Counter Medication Consent

Student Full Name: _____ **Grade:** _____

Is your child allergic/sensitive to any medications? If yes, which ones?: _____

_____

Does your child have any medical or health problems? ☐ **No** ☐ **Yes - If yes, explain:**

_____

List any long-term medication your child receives: _____

_____

Circle one: **I DO NOT give permission** **I GIVE permission**

for my child, _____ (*student name*), to receive the medication(s) listed during the school day. I understand that a generic equivalent medication may be used. I understand that **Only the School Nurse**, in accordance with established written protocols, will administer the medication. Please contact the School Nurse with any questions or concerns. **Over the Counter Consents** expire on the last day of the school year and consent can be rescinded at any time.

See reverse side for a list of Over the Counter Medications.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Parent/Guardian Name (please print) Phone Number

_____ _____
Emergency Contact Phone Number

The following medications are considered over the counter:

1. **Diphenhydramine**: For hives, per package instructions.
2. **Acetaminophen**: Administer for fever or pain as per package instructions, based on student's weight, if known, or by age, if weight is not known.
3. **Ibuprofen**: Administer for fever or pain as per package instructions, based on student's weight, if known, or by age, if weight is not known.
4. **Calamine/Caladryl**: Apply topically to the affected area for itch/irritation/rash. Reapply 2-4 times/ day as needed for comfort
5. **Bacitracin Ointment**: Apply topically to minor abrasions and other minor skin lesions 1-3 times daily.
6. **Hydrocortisone Cream 1%**: for itching, redness, swelling of skin. Apply no more than 3-4 times daily
7. **Burn gel**: with aloe and 2% lidocaine
8. **Non-medicinal cough drops**: For cough, minor throat irritations. Dissolve one drop at a time slowly in mouth. Do not bite or chew.
9. **Fexofenadine HCL 180 mg**: for seasonal allergies, per package instructions
10. **Normal Saline**: Irrigate eyes or wounds as needed.
11. **Emetrol chewable (sodium citrate dihydrate 230mg)**: for nausea.
12. **Nampons**: (nosebleed plugs)
13. **Tums chewable:** Antacid for heartburn upset stomach indigestion

www.cristoreyboston.org
100 Savin Hill Avenue
Dorchester, MA 02125
617.825.2580 phone
617.825.2613 fax