



The SEED School of Washington, D.C.
a public charter school

Permission for Over-the-Counter Medications During the School Day
And/or School Related Activities

I authorize the school nurse or certified medication administrators to administer the following over-the-counter medications to my child at their discretion. (Please check all that apply)

Yes No

- *Acetaminophen 325mg/tablet 1-2 tablets for headache and fever reduction
- *Ibuprofen 200mg/tablet 1-2 tablets for headache, muscle aches, menstrual cramps and fever reduction
- *Pink bismuth tablets 1-2 tablets for nausea and diarrhea
- *Chloraseptic Sore Throat Spray for sore throat
- *Benadryl 25mg tablets 1-2 tablets or Benadryl syrup 12.5mg/teaspoons
1-2 teaspoons may be used every 6-8 hours for allergic reactions
(beware that this medication can cause drowsiness)
- *Hydrocortisone cream 1% for insect bites and rash
- *Eye wash for minor eye irritations
- *First aid cream for minor burns and scrapes
- *Sudafed or Loramed 10mg (generic Claritin) tablet for cold, hay fever and allergy symptoms and sinus relief without drowsiness. Some symptoms are not relieved with his medication, it is recommended if symptoms persist for more than 3 days, that the student be taken to the doctor or that the parent bring in medications
- *Tums 1-2 tablets for heartburn every 4-6 hours as needed
- *Laxative tablets 1-3 tablets every 6 hours for constipation as needed; Miralax Powder for constipation.
- *Robitussin syrup 1-2 teaspoons as needed for cough and congestion every 4-6 hours; Robitussin cough and decongestant syrup 1-2 teaspoons every 4-6 hours as needed
- *Cepacol Oral Rinse for sore throat
- *Hibiclens Solution for cleaning wounds or abrasions

I understand that there are risks associated with taking any medications, and I Agree not to hold SEED PUBLIC CHARTER SCHOOL, its officer, or its Employees liable for any injury to my child related to the administration of any medications list on the front page.

Known food and drug allergies: _____
Student Name _____
Parent/Guardian signature _____ date _____