Permission for Over-The-Counter Medications
Bank Street School for Children/Bank Street Summer Camp
Annual Form *Parent/Guardian and* ***Physician Signature*** *required*

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Student Name   Date of Birth

_____
Parent/Guardian Name

At Bank Street School for Children/Summer Camp, when children are sick, it is often deemed wise to provide them with over-the-counter medication for symptom relief, thereby enhancing their comfort level. At Bank Street School for Children/Summer Camp, the staff on duty, with the assistance of Health Services, may decide which medications are indicated in illnesses not requiring a healthcare provider's evaluation. If there are any medications that you do not wish your child to have, please follow the instructions below.

Medications needed for temporary illness, on a short-term basis, will be provided to your child at no extra expense. If your child requires long term use of an over-the-counter medication, Health Services will provide your child with their own supply at your expense, to be dispensed only to your child. This form is only for the medications listed below and will only be administered per manufacturer's recommended dosing. This form will remain in effect for the entire Bank Street School for Children year and Bank Street Summer Camp Summer.

☐ **<u>All</u> Over-The-Counter Medications Below**
☐ **<u>No</u> Over-The-Counter Medications Below (only parent/guardian signature required)**

Or indicate which medications may be administered by checking the boxes below:

**For your convenience, Magnus has the following medications already named in the Portal. If you desire another naming convention, it will be reflected as "Other – 'medication name here' ".

Acetaminophen	Cough Suppressants	Magnesium Hydroxide
Antacid	Dextromethorphan	Naproxen Sodium
Antibiotic	Dimenhydrinate	Nasal Spray Oral
Ointment Anti-fungal	Diphenhydramine HCL Diuretic	anesthetic Other
Aspirin	Docosanol Eye Drops	Phenylephrine HCL
Bacitracin	Guaifenesin	Pramoxine/Zinc Acetate
Ointment	Hydrocortisone cream	Pseudoephedrine Ranitidine
Benadryl cream Benzocaine	Ibuprofen	Saline
Bismuth Subsalicylate	Insect Repellent	Silver Sulfadiazine
Calamine Lotion	Lip Balm Loperamide	Sunscreen
Cetirizine	HCL Loratadine	Topical Creams for Minor Injuries
Cough Drops		Vitamins/Supplements

I give permission for the Bank Street School for Children/Summer Camp nurse to dispense the above checked over-the-counter medicine(s) to my child:

_____
Physician Signature   Date

_____
Parent/Guardian Signature   Date