

THE EPIPHANY SCHOOL

2201 Henderson Ave.  
New Bern, NC 28560  
252-638-0122

Over The Counter Medication Form 2010-2011  
(includes ointments/creams)

To be completed by Parent/Guardian:

Medication Allergies: \_\_\_\_\_

Name of student \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(Best contact number during school hours)

To be given: from (dates) \_\_\_\_\_ to \_\_\_\_\_ or entire school year \_\_\_\_\_

**\*Please write the appropriate dose for your son/daughter**

| Medication Name               | *Dose | Time to be given | Indications for use | Contraindications for use |
|-------------------------------|-------|------------------|---------------------|---------------------------|
| Acetaminophen/Tylenol         |       |                  |                     |                           |
| Ibuprofen/Motrin/Advil        |       |                  |                     |                           |
| Aleve                         |       |                  |                     |                           |
| Pamprin                       |       |                  |                     |                           |
| Benadryl (Diphenhydramine)    |       |                  |                     |                           |
| Neosporin/Bacitracin ointment |       |                  |                     |                           |
| Hydrocortisone cream          |       |                  |                     |                           |
| Benadryl cream                |       |                  |                     |                           |
| Cough Drops                   |       |                  |                     |                           |
| Other:                        |       |                  |                     |                           |
|                               |       |                  |                     |                           |

Physician/NP/PA signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Permission:

I hereby give my permission for my child (named above) to receive this over the counter medication during school hours. I hereby release The Epiphany School and their agents and employees from all liability that may result from my child taking this medication.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_