



Over-The-Counter Medications, Supplements, and Topicals

School Year
2024-25

In accordance with Maryland Law, Washington Episcopal School requires both **physician and parent signature** to dispense medications, supplements, or topicals to students. This form gives the School Nurse (or designated staff) permission to administer items from the list below. It is valid for 12 months and covers the school day, school-sponsored athletics, and field trips. Manufacturer instructions will be followed unless specifically noted otherwise. Children's and Adult formulations available; dosage determined by age and weight.

Name of Student: _____ Grade: _____

 Please indicate authorization by checking boxes 	<input type="checkbox"/> Acetaminophen/Tylenol for pain or elevated temperature <input type="checkbox"/> Ibuprofen/Motrin/Advil for pain or elevated temperature <input type="checkbox"/> Pepto Bismol or Tums for stomach upset <input type="checkbox"/> Cough Drops/Throat Lozenges for mild sore throat <input type="checkbox"/> Benadryl for mild allergic reaction <input type="checkbox"/> Claritin or Zyrtec for seasonal allergies <input type="checkbox"/> Lubricating eye drops/eye wash <input type="checkbox"/> Dramamine for motion sickness <input type="checkbox"/> Hydrogen peroxide spray for antiseptic wound care <input type="checkbox"/> Triple Antibiotic Ointment/Neosporin for wound care <input type="checkbox"/> Hydrocortisone 1% Ointment for itching or rash <input type="checkbox"/> Sunscreen <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> NO AUTHORIZATION for any of the above <small>(parent only; no physician signature required)</small>
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Parent or Legal Guardian Signature Parent name (printed) Date

Physician Signature Physician name (printed) Date