OneWebster
Students First. District Proud.

Over the Counter Products Administration Form

There are certain common OTC products that the school nurse stocks that may be used with your permission to do so. **NYS regulation requires written permission from your health care provider and the parent**. Once complete, this form allows the school nurse to administer or apply OTC products to your child during school hours.

Students Name:_____ **DOB:**_____ **Grade:**_____

I give permission for the school nurse to administer as appropriate the following OTC products during the school day only as checked.

- ☐ Petroleum jelly/Aquaphor
- ☐ Anti-itch lotion
- ☐ A&D ointment
- ☐ Ophthalmic solution or saline
- ☐ Cough drops-parent to provide
- ☐ Aloe gel
- ☐ Unscented Hand/Body Lotion
- ☐ Sting relief wipes
- ☐ Deodorant

☐ This authorization is valid for my child's entire enrollment in Webster School District

OR

☐ This authorization is valid until this date:_____

PARENT/GUARDIAN AUTHORIZATION REQUIRED

Signature: _____

Phone number:_____

Date:_____

PHYSICIAN AUTHORIZATION REQUIRED

Signature:_____

Phone number:_____

Date:_____