



# OREGON EPISCOPAL SCHOOL

6300 Southwest Nicol Road  
Portland, Oregon 97223

TEL: (503) 246-7771 FAX: (503) 293-1105

STUDENT: \_\_\_\_\_  
GRADE: \_\_\_\_\_

## Authorization for Administration of Medications

Students are to be cared for at home if illness or injury prevents them from full participation in the school program. However, when a student could benefit from symptomatic relief of minor health problems, the following over-the-counter medications may be available during the school day or on school-sponsored trips. **State law requires written parental permission before these medications can be administered.** This parental authorization applies to both on- and off-campus activities. Generic and brand names are listed although different brand names may be substituted.

If you want your child to receive over-the-counter medication, **sign below and indicate your authorization with a "YES"** adjacent to each medication listed. If this list contains medication you **do not want your child to receive, write a "No"** next to that medication before signing. These medications will be given at the discretion of the OES faculty/staff.

|                                |   | <u>Daytime Use</u>         | <u>Overnight Trip Use</u> |
|--------------------------------|---|----------------------------|---------------------------|
| For pain relief:               | Acetaminophen (Tylenol)                 | _____                      | _____                     |
|                                | Ibuprofen (Motrin, Advil)               | _____                      | _____                     |
| For wound care:                | Antibiotic ointment (topical use)       | _____                      | _____                     |
| For nasal congestion:          | Phenylephrine HCL (Sudafed PE)          | _____                      | _____                     |
| For cough:                     | Dextromethorphan/Guaifenesin syrup      | _____                      | _____                     |
|                                | Non-medicated cough drops               | _____                      | _____                     |
|                                | For allergic reactions:                 | Diphenhydramine (Benadryl) | _____                     |
|                                | Loradamed (Claritan)                    | _____                      | _____                     |
|                                | Hydrocortisone Cream 1% (topical)       | _____                      | _____                     |
|                                | Antihistamine Eye Drops                 | _____                      | _____                     |
| For indigestion:               | Antacid/Antigas Tablets                 | _____                      | _____                     |
| For diarrhea:                  | Loperamide hydrochloride (Imodium)      | _____                      | _____                     |
| For Fungal infections:         | Mycotin/Tolnaftate (Tinactin) (topical) | _____                      | _____                     |
| For sore throat or canker sore | Benzocaine topical pain reliever        | _____                      | _____                     |
| For sunburn:                   | Aloe Vera Gel                           | _____                      | _____                     |

I authorize OES (Oregon Episcopal School) faculty/staff to dispense over-the-counter medications listed above, under the direction of written physician orders, as needed, to my child, \_\_\_\_\_.

This permission is in effect for the duration of my child's enrollment in his/her current division at OES or until I notify the school in writing that permission has been rescinded.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

REVISED: 5/09

Information Revised 5/08