

Brentwood Borough School District

Brentwood Middle/High School
 3601 Brownsville Road
 Pittsburgh, PA 15227-3117
 Phone: 412-881-4940
 Fax: 412-881-4170

Elroy Elementary School
 3129 Elroy Avenue
 Pittsburgh, PA 15227-2824
 Phone: 412-881-4484
 Fax: 412-881-9448

Moore Elementary School
 3809 Dalewood Street
 Pittsburgh, PA 15227-3509
 Phone: 412-881-7776
 Fax: 412-881-8994

AUTHORIZATION FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATION AT SCHOOL (Permission for use of inhalers and prescription medication is on separate forms.)

Student Name: _____ Birth Date: _____

School: _____ Grade: _____ School Year: _____

Medication Indication		Medication	Dosage Instructions	Parental Permission	
1.	Headache, fever, cramps, minor pain	Tylenol Ibuprofen	Per package instructions	Yes	No
2.	Hives, allergic reaction, severe itching	Benadryl	Per package instructions	Yes	No
3.	Skin irritation	Hydrocortisone cream Caladryl lotion	Per package instructions	Yes	No
4.	Sore throat, oral pain	Orajel Chloraseptic Spray	Per package instructions	Yes	No
5.	Wound care	Bactine Spray Neosporin, Bacitracin	Per package instructions	Yes	No
6.	Upset stomach Nausea	Tums	Per package instructions	Yes	No

Parent/Guardian Authorization

- I request that the above medication(s) be given during school hours.
- I release school personnel from liability in the event adverse reactions result from taking the medication(s).
- I give permission for the school nurse to communicate with the student's teachers about the student's health condition(s) and the action of the medication(s).

 Parent/Guardian Signature

 Date