



West Irondequoit Central School District

321 LIST AVENUE
 ROCHESTER, NEW YORK 14617
 Telephone: (585) 342-5500
 FAX: (585) 266-1556
 www.westirondequoit.org

Permission for School Nurse to administer Over the Counter Medications

Student Name: _____

Date of Birth: _____ Grade: _____

Check all that apply

✓

<input checked="" type="checkbox"/>	Calamine lotion/ointment	Apply to affected areas of minor skin irritation as needed for itching
<input type="checkbox"/>	5% Sodium Chloride ophthalmic Solution	Instill 1-2 drops in the affected eye(s) every 3-4 hours as needed for eye irritation. Do not touch tip of applicator to eye (remove contacts first)
<input type="checkbox"/>	Saline (Sterile)	Use for irrigation of wound areas as needed for cleansing.
<input type="checkbox"/>	Vaseline/Blistex	Apply to lips as needed for dryness, itching, irritation up to 4 times/day
<input type="checkbox"/>	Cough drops	Use as needed for sore, irritated throat or minor cough every 2 hours. Let the lozenge dissolve slowly in your mouth and swallow the dissolved liquid with your saliva. Do not chew or swallow whole.

Date: _____

Parent/Guardian name (Print): _____

Parent/Guardian Signature: _____

Parent/Guardian phone number: _____

Mary Lou Popolizio NP
 Pediatric Nurse Practitioner
 West Irondequoit School District

Dr. Larry Denk MD
 School Physician
 West Irondequoit School District