



Over the Counter Products

Parent/Guardian Authorization Form

Dear Parent/Guardian,

The products listed below have been approved by the Orange Unified School District to be administered to students during the school day. Please complete this form if you authorize the school nurse or other designated unlicensed personnel to administer these products to your child during the school day. **Please check the appropriate box below to indicate your permission** for the listed product to be administered to your child.

Yes	No	Medication	Yes	No	Mediation
<input type="radio"/>	<input type="radio"/>	*Alcohol, Isopropyl (clean/disinfect)	<input type="radio"/>	<input type="radio"/>	*Eye Wash (flush eye)
<input type="radio"/>	<input type="radio"/>	*Hydrogen Peroxide 3% (antiseptic)	<input type="radio"/>	<input type="radio"/>	*Petroleum Jelly (lubrication)
<input type="radio"/>	<input type="radio"/>	*Antibacterial Ointment/Cream (minor cuts/scrapes)	<input type="radio"/>	<input type="radio"/>	**Non-Medicated Throat Lozenges/Hard Candy (throat irritation)
<input type="radio"/>	<input type="radio"/>	*Bee Stings Swabs/Wipes (itch/pain relief)	<input type="radio"/>	<input type="radio"/>	**Non-Medicated Lip Balm (chapping)
<input type="radio"/>	<input type="radio"/>	*Eucerin /Lubriderm (rehydrating dry skin)	<input type="radio"/>	<input type="radio"/>	**Contact Lens/Saline Solution (rinsing lenses)
<input type="radio"/>	<input type="radio"/>	*Salt Water Gargle (minor sort throat)	<input type="radio"/>	<input type="radio"/>	**Dental Wax (relieves oral irritation)

*To be supplied by school

**To be supplied by parent

I request that my child be assisted by authorized persons in the administration of the above listed Over the Counter products in compliance with established policies and procedures.

Student Name: _____

Student Date of Birth: _____

Parent/Guardian Signature: _____

Date: _____

Contact Phone: _____