



**2024 - 2025**  
**Over the Counter First Aid Consent Form**

I give permission for the school nurse to administer the following over the counter products or medications to (student name) \_\_\_\_\_ according to protocols established by White Oak School.

- Bactine Spray or Liquid: for temporary relief of pain and itching associated with minor cuts, scrapes, burns and insect bites.
- Calamine or Caladryl lotion: used for the relief of itching due to insect bites and poisonous plants or minor rashes.
- Triple Antibiotic Ointment: for external application to prevent infection in minor cuts, scrapes or burns.
- Ophthalmic saline solution: used for rinsing the eye or contact lenses.
- Sunscreen (any brand): for use to prevent sunburn during outdoor activities held during school hours.
- Any fragrance-free hand lotion.
- BZK Antiseptic Towelette: used for cleansing minor wounds and piercings.
- Hydrogen Peroxide: used for cleaning heavily contaminated wounds.

To the best of my knowledge, my child has no allergy or sensitivity to any of the above named products or medications. I have **CROSSED OUT AND INITIALED** any product or medication I do not want given or used. I understand that I may call the school nurse for further information. **This form must be renewed each year.**

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*Any medications to be administered to the student other than above, including over the counter medications, require a doctor's order and a completed parent/guardian consent form. These forms are available at the Health Center and online at [www.whiteoakschool.org](http://www.whiteoakschool.org). Please contact the school nurse with any questions and for additional information at 413-562-9500, Ext. 221.*