



School Health Services

Over-the-Counter Medication Authorization Form

Student Name: _____	Birth date: _____	Grade: _____
Medication allergies: _____	Child's weight: _____	

NON-PRESCRIPTION MEDICATIONS

Health Office keeps the following medications in stock. All other non-prescription medications must be brought to Health Office by a parent/guardian in a manufacturer-labeled container. Students cannot carry their own medication. This medication authorization form is only valid for the 2018-19 school year. Please authorize medication administration by checking appropriate boxes or filling in other medication.

- | | | |
|---|---|--|
| <input type="checkbox"/> Children's acetaminophen | <input type="checkbox"/> Chloraseptic spray/mouthwash | <input type="checkbox"/> Calamine lotion |
| <input type="checkbox"/> Adult acetaminophen | <input type="checkbox"/> Cough drops | <input type="checkbox"/> Children's Benadryl |
| <input type="checkbox"/> Children's ibuprofen | <input type="checkbox"/> Tums/Mylanta | <input type="checkbox"/> Adult Benadryl |
| <input type="checkbox"/> Adult ibuprofen | <input type="checkbox"/> Antibiotic ointment | <input type="checkbox"/> Heating packs/pad and ice packs |
| <input type="checkbox"/> Sterile normal saline eye drops/wash | <input type="checkbox"/> Bactine | <input type="checkbox"/> Vaseline |

For above medications, the medication manufacturer's recommendations will be followed for dosage and frequency based on student age, height and weight, unless otherwise directed by student's physician. If so, please have physician/prescriber fill out the following:

Medication _____ Dose _____ Frequency _____
Reason _____

Physician/Prescriber signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____