

Authorization for Administration of
Non-Prescription (OTC) Medication
In School

To be completed by parent or guardian

A separate form is required for each child
Please make copies of this page as necessary

We will not administer medication of any kind to your child without a parent or guardian's written consent. We will only administer the non-prescription (OTC) medications listed on this form.

The school stocks a supply of generic ibuprofen, acetaminophen (Tylenol), cough drops and throat lozenges. If there are others you want to have available for your child, please bring them to the office, labeled with your child's name.

Students may not carry medication of any kind on their person at any time, nor keep it in their backpacks, lockers, etc. There are no exceptions except prescription inhalers or Epi-pens, which may be carried by the student and self-administered. All other medication in the building must be stored in the office for administration by an authorized staff member. Students may never, under any circumstances, give medication to another student. A first offense will result in mandatory suspension.

Student Name _____

Date of Birth _____

Grade _____

School Year _____

Medication

Common indications

Dosage

1. Ibuprophen
(Advil, Motrin)

Headache, backache,
toothache, muscle pain,
menstrual pain, fever
due to cold/flu

200 mg. tablets
1-2 every 4-6 hours

2. Acetaminophen
(Tylenol- regular strength)

Headache, backache,
toothache, muscle pain,
menstrual pain, fever
due to cold/flu

325 mg. tablets
1-2 every 4-6 hours

3. Cough drops/throat lozenges

Cough, sore throat

Every 1-2 hours or
as needed

4. Sunscreen

Expected exposure
to the sun

As needed

5. Other non-prescription medication that you want to provide for your child's use: _____

Parent/guardian signature _____ Date _____