



Over-The-Counter (OTC) Medication Authorization Form

Student Name: _____

Date of Birth: _____ Weight (in pounds): _____

Allergies: No _____

Yes: name of medications(s), food(s), other: _____

Describe reaction: _____

Please check "yes" to authorize school staff to give your child the following medication or generic equivalent per package directions and dosage according to the MRSD (*Manufacturer's Recommended Starting Dose*) label.

- All medications will be provided by the parent/guardian, in the manufacturer's original packaging, with the child's name on the container.
- All medications must be checked in with the school staff, listed on this form and kept by school personnel.
- Students are not to keep medications with their personal belongings.
- All medications will be returned to parents (or destroyed if unclaimed) at the end of each school year.

OTC MEDICINE NOT to be used (if not listed below): _____

| <i>Medication</i> | <i>Usage</i> | <i>Can be used?</i> | |
|---|--|---------------------|-----------|
| Acetaminophen, Tylenol Reg. & Extra Strength | minor aches, pains, cramps, fever | YES | NO |
| Ibuprofen, Advil, Motrin (NON-Aspirin) | minor aches, pains, fever | YES | NO |
| Naproxen, Midol, Pamprin, Aleve | minor aches, pains, cramps | YES | NO |
| Antacid, Pepto-Bismol, Tums, Milk of Magnesia | indigestion, gas, constipation | YES | NO |
| Dramamine, Bromine | motion sickness | YES | NO |
| Antihistamine, decongestant, Afrin, Sudafed, Clariten | allergies, colds, itch relief | YES | NO |
| Throat lozenges, cough drops or syrup | sore throat | YES | NO |
| Benadryl topical & oral, Caladryl/Calamine lotion, Sting/Bite wipes, Hydrocortisone | Stings, bites, colds, allergies, itch relief | YES | NO |
| Burn gel | burn relief | YES | NO |
| Eye drops, contact lens solution | Irritation of the eye | YES | NO |
| Hand sanitizer | hand sanitation | YES | NO |
| Hydrogen Peroxide | wound care | YES | NO |
| Insect repellent | insect repellent | YES | NO |
| Neosporin, Bacitracin, antiseptic BZK towels | wound cleaning treatment | YES | NO |
| Petroleum jelly, lip balm | dry skin, dry nose | YES | NO |
| Sunscreen, Aloe vera gel | sun protection, sun burn | YES | NO |
| Other (vitamins, sleep aid, etc): _____ | _____ | YES | NO |

I give permission for medication(s) above to be given to my child as is deemed reasonably necessary and appropriate. To the best of my knowledge, my child is not allergic to these medications.

Parent Signature _____ Date _____

Print name: _____ Phone # to reach adult: _____

