

Over-The-Counter (OTC) Medication Authorization Form

Student Name: D	ate of Birth: Gra	ade:
Medication Allergies: No Yes If Yes, give name of medication reaction:	edications(s):	
Medications students may take while at school will be provided by campus must be checked in with the School Nurse and list deleted from this authorization form at any time during the school parental consent, the following types of OTC medications may be	sted on this form. Medications rechool year by contacting the School	may be added or ool Nurse. With
Please check "yes" to authorize school nurse/staff to give campus. OTC medications are dispensed per package direct a physician.	ctions unless written directives	
Over-the-counter medication dispensed per package directions:	Indications:	Yes
Acetaminophen (Tylenol) or generic	Pain reliever/fever reducer	
Cough drops or throat lozenges	Cough/throat irritation	
Calcium Carbonate (Tums)	Stomach Pain	
Iboprofen (Advil) or generic	Pain Reliever/fever reducer	
Please add any other OTC medications you expect to premedications in this location. An authorization form from a power-the-counter medication dispensed per package directions:	hysician is required for prescrip	otions.
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