

St. Lawrence Catholic School

Over-The-Counter (OTC) Medication Authorization Form

Student Name: _____ Date of Birth: _____

Grade: _____ Medication Allergies: No ___ Yes ___ If Yes, give name of medication(s):

_____/Reaction(s) _____

OTC medications students may take while at school will be provided by the school nurse. Medications may be added or deleted from this authorization form at any time during the school year by contacting the School Nurse. With parental consent and a Doctor's signature, the following types of OTC medications may be made available to your child when needed.

- ❖ Please check "yes" to authorize school nurse/authorized staff to give your child the following medications while attending school. *OTC medications are dispensed per package directions unless written directives are provided by a physician.*

Over-the-counter Medications:	✓ Yes
Acetaminophen (Tylenol) or generic	
Ibuprofen (Motrin) or generic	
Diphenhydramine (Benadryl) or generic	
Calcium Carbonate (Tums)	
Cough drops or throat lozenges	
Neosporin/Antibiotic cream	
Itch Relief/ Burn ointment and or spray	
Other:	

I give permission for medication(s) listed above to be given to my child for self-administration at the Nurse's discretion or dispensed by designated personnel as delegated by the School Nurse.

Parent/Guardian Signature _____ Date _____

Doctors
Signature _____ Date _____

OPTIONAL FORM