OTC Medication Authorization Form

Student's Name: ______________________________ DOB: ____________ Grade: _____

Weight (in pounds): ________ Allergies: ______________________________

Please list all medications child takes daily: ______________________________

Please note any special instructions for the following meds to be given (i.e., take with food):

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	Medication	Reason	Dose	Route	Frequency	Side Effects
◻	Advil / Motrin (Ibuprofen)					
◻	Tylenol (Acetaminophen)					
◻	Benadryl (Diphenhydramine)					
◻	Tums (Antacid tablets)					
◻	Cough Drops					
◻	Antibiotic Ointment					
◻	Hydrocortisone cream / Calamine lotion					
◻	Aquaphor / Eucerin					

Parent Signature: ______________________ Date: __________ Phone #: ____________

Provider Signature: ______________________ Date: __________ Phone #: ____________

School Nurse Signature: ____________________ Date: __________ Phone #: ____________