

NON-PRESCRIPTION MEDICATION OR OVER THE COUNTER (OTC) AUTHORIZATION FOR SUGAR CREEK CHARTER SCHOOL STUDENTS

Student Name: _____ Date of Birth: _____ Grade: _____

Medication Allergies? Yes or No If Yes, please give medication name and describe reaction

In order to help protect your child's health, your consent is necessary for your child to receive non-prescription medication in school. No medications will be given to your child at school until this authorization has been received. It is your responsibility to provide all medicines to be given at school. Each medicine must be in an appropriately labeled original container with student's first and last name.

Please check "yes" or "no" to authorize designated staff to give your child the following medication while at school. OTC medications are dispensed per package directions unless written directives are provided by a Physician.

Over the counter medication	Indications	Yes	No
Acetaminophen (Tylenol)	Pain reliever/fever reducer		
Ibuprofen (Advil, Motrin)	Pain reliever/fever reducer		
Midol or generic	Menstrual cramps		
Benadryl or generic	Allergies or congestion		
Sudafed PE or generic	Nasal and sinus congestion		
Cough drops/ lozenges	Cough/ throat irritation		
Other			

Parent or Guardian's Permission: I give permission for my child to receive this medication described above during school hours. I understand that it is my responsibility to purchase and supply this medicine. On behalf of my child I absolve Sugar Creek Charter School and employees from and all liability whatsoever that may result from my child taking medicine at school.

Signature of Parent or Guardian

Date

Contact Number

Mobile: _____ Work: _____ Home: _____

To be filled out by a Physician/Physician's Office

The over the counter medications listed on this form for the above named student have been reviewed and approved.

Physician Name:	Telephone #:
Physician's Signature:	
Name of Office and Address:	

FOR SCHOOL USE ONLY:

Date Received: _____ School Health Nurse Review: _____