



Over the Counter (OTC) Medication Authorization Form

Must complete one form per student

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

Medication allergies: No ___ Yes ___ If yes, give name of medication(s) _____

Describe reaction: _____

OTC medications students may take must be administered by front office personnel. Medications may be added or deleted from this authorization form at any time during the school year by contacting the Campus Assistant.

OTC medication dispensed per package directions:	Indications:	Dosage:	Yes or No
Acetaminophen (Tylenol) or generic	pain reliever/fever reducer		
Ibuprofen (Advil, Motrin)	pain reliever/fever reducer		
cough drop or throat lozenge	cough/sore throat		
Calcium Carbonate (Tums)	stomach pain		
Pepto Bismol (chewable tablet)	stomach pain		
Benadryl	allergies		

Please add any other OTC medications you expect to provide for your child for the day/week or year. Do not list prescription medications on this form. All medication brought to campus must be checked in by a parent or responsible adult at the school office and listed on this form.

OTC medication dispensed per package directions:	Indications:	Dosage:	Yes or No

I give permission for OTC medications listed above to be administered to my child by Sterling Classical School's designated office personnel.

Parent Signature: _____ Phone Number: _____ Date: _____