



AUTHORIZATION FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATIONS Academic Year 2019-2020

Student's Name _____
Last
First
Middle

**Students are never permitted to possess medication at school or school activities.
 Medication is only administered in the Health Office.**

Over the Counter Medications Stocked in the Health Office

Over the counter medication authorizations require both a physician and parent/guardian signature and are valid for one school year (8-1-19 through 8-31-20). Check Yes or No for each medication.

- Acetaminophen/Tylenol 500 mg tablets; 1 tab every 4 hours as needed OR 1,000 mg (2 tabs). Yes No
- Ibuprofen/Advil 200 mg tablets; 1 tab every 4-6 hours as needed. OR 400mg (2 tabs). Yes No
- Neosporin as needed. Yes No
- Benadryl 25mg, 1 tab. Yes No
- Pepto-Bismol, 1 tab OR 2 tabs. Yes No

Over-the-Counter Medications Brought in to the Health Office

Non-prescription medication or over-the-counter medication must be brought in the manufacturer's original packaging with the student's name affixed to the container. The medication will be given according to packaging instructions unless otherwise indicated. *Authorization requires a physician and parent signature and is required annually (8-1-19 through 8-31-20)*

<input type="checkbox"/>					
	Name of Medication	Dose	Frequency/Time to be Given	Indications	Additional Comments
<input type="checkbox"/>					
	Name of Medication	Dose	Frequency/Time to be Given	Indications	Additional Comments

List any extra additional medications as needed. Example: Cough drops, Midol, Claritin, etc...

I hereby request and grant permission for Wolcott School's school nurse or any registered nurse approved by Wolcott school, or in the case of an emergency, another staff member, administer medication to my child according to the above instructions. I further waive any claims against Wolcott School, members of the Board of Trustees, its employees, and agents arising out of the storage, administration, or self-administration of said medication, and agree to hold harmless and indemnify Wolcott School, the members of the Board of Trustees, its employees, and agents, either jointly or severally from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the administration of medication, except for willful and wanton conduct.

Provider's Office Stamp Below

Parent/Guardian Printed Name

Contact Information

Licensed Provider's Name Printed

Parent/Guardian Signature

Licensed Provider's Signature

Date

Date