AUTHORIZATION FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATIONS Academic Year 2020-2021

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 ***(8-1-2020 through 8-31-21).*** **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* ***(8-1-2020 through 8-31-21)***

	Name of Medication	Dose	Frequency/Time to be Given	Indications	Additional Comments
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☐					

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, field trip chaperone, 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
Contact Information

_____ Parent/Guardian Printed Name

_____ Parent/Guardian Signature

_____ Date

_____ Licensed Provider's Name Printed

_____ Licensed Provider's Signature

_____ Date