

Perpich Arts High School 2017–2018 School Year

AUTHORIZATION FOR OVER-THE-COUNTER (OTC) MEDICATION ADMINISTRATION

THIS FORM MUST BE RENEWED ANNUALLY

Student Name _____ Date of Birth _____ Grade **11** **12** _____
 Last First

Medication Allergies _____ Describe reaction _____

RESIDENTIAL STUDENTS ONLY

Please read the Self-Administration of Over-The-Counter Medications information in the Student Handbook. Dorm will have the below listed medications available. Medications will not be given without parent/guardian consent. If you wish for your student to have additional over the counter products, please list them and specify the dose and frequency (you will have to provide the dorm with a supply of these medications).

All medications, over the counter products and nutritional supplements brought to campus must be registered in the school Health Office. All medications including over the counter products will be stored in the school health office.

After discussing medication rules with students, the School Nurse may give permission for nutritional supplements/vitamins to be self administered and stored in dorm room. This decision will be rescinded if school medication rules are not followed.

ALL STUDENTS

***Nonprescription medication will only be dispensed per package directions. Doses outside the range listed on the label will only be given if we have written and signed authorization by your student’s licensed health care provider and you.**

*Aspirin containing products will not be administered without written and signed authorization from parent/guardian and your student’s licensed health care provider due to safety reasons.

Please check “yes” or “no” to allow your student to take OTC medication.

Over-the-counter medication dispensed per package directions:	Indications:	Yes	No
Acetaminophen 325 mg tablet (Tylenol type generic) or 500 mg tablet	Pain reliever/fever reducer		
Bacitracin topical ointment	Infection prevention/minor cuts/scrapes		
Chewable antacid (Tums type generic)	Upset stomach		
Cough drops/lozenges	Cough or sore throat		
Diphenhydramine 25 mg tablet (Benadryl type generic)	Allergies/rash		
Ibuprofen 200 mg tablet (Advil type generic)	Pain reliever/fever reducer		
Lidocaine 2% topical spray	Pain relief/ minor burns, abrasions		
Loratadine 10 mg tablet (Claritin type generic)	Allergy symptom relief		
Phenylephrine 10 mg/tablet (Sudafed PE type generic)	Nasal/sinus congestion		
Sterile eye drops/sterile eye moisture gel/sterile saline flushing solution	Dry eye/eye irritation		

Please add other OTC medications you expect to provide for your student.

Do not list prescription medications in this location---Please complete an Authorization for Prescription Medications form for all prescription medication.

Over-the-counter medication dispensed per package directions	Indications	Yes	No

I give permission for the medication(s) listed above to be given to my student according to manufacturer label directions and administration by designated personnel as delegated by the school nurse.

Student may sign for their own health care if age 18 in the State of Minnesota.

____ Parent/Guardian Signature

Date

