

AUTHORIZATION FOR **OVER-THE-COUNTER (OTC) MEDICATION** ADMINISTRATION 2023-2024

THIS FORM IS REQUIRED AND MUST BE RENEWED ANNUALLY

Student Legal Name _____ Date of Birth _____
LEGAL LAST LEGAL FIRST MI

Medication Allergies _____ Describe reaction _____

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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.

ALL STUDENTS

The Perpich Residence Hall health office and the Perpich school health office will have the below listed medications available. However, 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 and/or the school with a supply of these medications). **All prescription medications and over the counter products brought to campus must be registered and stored in either the dormitory health office or the school health office.**

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) 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) (up to 2 at a time)	Pain reliever/fever reducer		
Sterile eye flushing solution	Eye irritation		

Please add below any other OTC medications you will provide for your student.

Do not list prescription medications in this location-Use the [Authorization for Prescription Medications](#) form for all prescription medications.

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.

Parent/Guardian Signature

Date