



Non-Prescription Medication Authorization Form

Students Name: _____

Grade _____

Listed below are non-prescription medications or over-the-counter drugs that are available in the school clinic and on over-night field trips. These are intended for safe, symptomatic relief of minor conditions that do not warrant exclusion from school. A school employee will administer such medication only with the written permission of a parent/guardian on file. Please indicate which medicines we may provide your child by checking yes or no for each medication. **If your child is sensitive to any dyes in the listed products, please furnish your own products. Any other prescription or over-the-counter medications must be listed separately on a Medication/Treatment Authorization Form and signed by your child's doctor.**

**Authorized to
Administer**

**Not Authorized
to Administer**

Acetaminophen (Tylenol)

Liquid or tablets

Non-aspirin pain reliever and fever reducer

Yes

No

Ibuprofen (Advil/Motrin)

Tablet or liquid

Anti-inflammatory, pain and fever reducer

Yes

No

All parents/guardians will receive a RenWeb email notice when your child receives Acetaminophen/Ibuprofen.

- Elementary parents will be contact for approval prior to dispensing the Acetaminophen/Ibuprofen.
- Middle and High School parents will only be contacted for approval prior to dispensing the Acetaminophen/Ibuprofen by checking this box.

Calamine Lotion

Relief for insect bites, poison ivy

Yes

No

Cough Drops/Throat Lozenges

Relief from coughs and sore throats

Yes

No

Diphenhydramine (Benadryl)

Liquid, capsule or cream antihistamine

For insect bites, rashes and allergic reactions

Yes

No

Triple Antibiotic Ointment

Bacitracin, Neomycin, Polymyxin

For minor wounds or abrasions

Yes

No

Signature of Parent/Guardian: _____ Date: _____

****It is your responsibility to update this form as needed.****