

The Prout School

Date _____

**AUTHORIZATION FOR THE DISPENSING OF OVER- THE- COUNTER
NON-PRESCRIPTION MEDICATION
(MANUFACTURER-LABELED CONTAINERS ONLY)**

Student Name _____ Grade _____ DOB _____

Allergies _____

Other Conditions _____

Regulation 20.2.1 requires a written order from a licensed health care prescriber to dispense all over –the- counter (OTC) non- prescription medications in the school setting. The dispensing of these OTC’s **will not be allowed without a physician’s written order and signature** as well as **signed permission from the parent/guardian**. If this completed form is not on file we cannot provide comfort to your child.

Our medication policy requires that if your child needs medication you are required to supply that medication. Medication should be brought in to the school by a parent or parent representative.

Please check the following OTC medications the student can receive at school. Please note generic versions of the following may be used.

ORAL

Tylenol/Acetaminophen _____
Motrin/Ibuprofen _____
Tums/antacid _____
Non-sedative decongestant _____
Cough drops _____

TOPICAL

Hydrocortisone cream _____
Antibiotic ointment _____
First Aid cream _____
Caladryl lotion _____
Soothe eye drops _____

Medication _____ Dosage _____ Reason _____
Medication _____ Dosage _____ Reason _____
Medication _____ Dosage _____ Reason _____

Student has taken these medications before with no negative side effects.

Parent/Guardian Signature _____ Date _____
Home Phone _____ Work Phone _____
Emergency Phone _____

No student shall have in her/his possession any medication while on school property unless it is authorized by her/his physician.

PHYSICIAN SIGNATURE _____ DATE _____