

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 \_\_\_\_\_**