



## ECP – GRADE 1

### AUTHORIZATION FOR NON-PRESCRIPTION OVER-THE-COUNTER MEDICATIONS

*Ideally medications should be given at home. The school recognizes that minor symptoms can occur that require the use of non-prescription medications for treatment. At times it is difficult to reach parents to get permission to administer this medication. The school office/school nurse has over-the-counter medications in stock, which can be administered if requested by the parent on this form.*

*Before granting permission to the school to give over-the-counter medications, please check with your physician/pharmacist to make sure that these medications will not react with any other medication(s) the student is already taking.*

*These non-prescription medications will be available in the first aid kits for any off-campus activities.*

| Student's Last Name | Student's First Name | MI | Sex | Date of Birth | Grade |
|---------------------|----------------------|----|-----|---------------|-------|
|---------------------|----------------------|----|-----|---------------|-------|

\_\_\_\_\_ No, my child may not have over-the-counter medications without the school contacting me first.

\_\_\_\_\_ Yes, my child may go to the school office/school nurse and request the over-the-counter medications that I have indicated below. I have checked with my child's physician/pharmacist to verify safety with other medications.

Please list student allergies \_\_\_\_\_

Please list other medications the student is currently taking \_\_\_\_\_

Please check below any medications that the school may supply to your child.

\_\_\_\_\_ Acetaminophen (non-aspirin/Tylenol)

\_\_\_\_\_ Benadryl Antihistamine (for allergic reactions)

\_\_\_\_\_ Benadryl/Calamine Anti-Itch Topical Lotion (for skin irritations)

\_\_\_\_\_ Ibuprofen (Motrin/Advil)

Parent/Guardian's Signature(s) \_\_\_\_\_ Date \_\_\_\_\_