



Authorization to Administer Over the Counter Medication (OTC) Form

Faith Lutheran Academy medication policy states that prescription medication must be in its original container with the times and dosage clearly visible. All medication will be kept in the Office and administered by Office personnel and discarded at the end of the school year. Students may not have medicine of any kind in the classroom or in their personal belongings or on their person, unless the office has a medical necessity note from the child's physician. Each time your child is administered any medication it will be documented in Renweb and emailed to you at that time.

1. ***Over the counter medication (OTC) requires a note from a physician or this form completed and signed by the physician with the times and dosage clearly stated.**
2. **ALL medication must be provided by the parent.**

Over the Counter Medication	How often	Dosage	Expiration Date
*Acetaminophen (Tylenol)			
*Ibuprofen (Motrin, Advil)			
*Naproxen (Alleve)			
*Benadryl			
*Cough Medicine			
*Allergy Medicine			
Tums/Pepto-Bismal			
Cough Drops			
Eye Drops (saline solution)			
Neosporin			
Other:			

By signing this release for, I acknowledge that this student can take the above over the counter medication as needed for the current school year. **PHYSICIAN SIGNATURE REQUIRED BELOW.**

Student Name _____ Grade _____ Teacher _____

Parent Signature _____ Date _____

PHYSICIAN BUSINESS NAME: _____

****PHYSICIAN NAME (print)** _____ Office Number _____

****PHYSICIAN Signature Required** _____

This form is separate from our Asthma Action Plan and Allergy Form