

**OKEECHOBEE COMPREHENSIVE SCHOOL
HEALTH SERVICES PROGRAM**

Authorization to Administer Over-The-Counter (OTC) Medications

Some OTC medications may be available in the school clinic. These medications will be given to those students with minor complaints who are otherwise in good health. It is necessary that we have your written approval to give your child medication. This approval must be renewed each school year. If you would like to provide this approval, please complete this form and return it to the school.

I hereby authorize the school health staff or other school personnel who have been trained in medication administration to administer the medications listed below to my child. (Please mark through any medication you do not wish your child to receive) I understand that medications will be given according to package directions for the age and/or weight of my child. Please circle one

1. Is your child allergic to any medication? YES NO
If yes please list allergies:

2. Does your child have asthma? YES NO

3. Does your child have a condition that requires him/her to take medication every day? YES NO
If yes, please list the condition and the medication your child takes.

Medications covered by this Authorization:

1. Non-aspirin pain reliever/fever reducer
2. Antacid for stomach upsets
3. Topical antibiotic cream/ointment for cuts, scratches etc.
4. Topical antipruritic such as Calamine Lotion for itchy spots
5. Cough drops
6. Oral pain reliever such as Ora-gel and Anbesol

Student's Name (Please Print)	Grade	Date of Birth	
Student's Doctor		Doctor's Phone Number	
Parent/Guardian Signature	Home	Work	Cell / Other
School Nurse		Date	

Comments:

PLEASE RETURN THIS FORM TO THE SCHOOL