**OVER-THE-COUNTER MEDICATION AUTHORIZATION  
Rule 7.708.41 J(3)***State regulations require foster parents to have physician’s approval to administer over-the-counter medications to the foster children in their care. Please indicate which of the following may be administered to the child by checking them off and/or filling in which particular medication is appropriate. Please indicate if the dosage is different than the recommended dosage noted on the packaging.* **Child Name: Date:   
Treating Health Professional:**   
   
Signed Date