

The Marshall School

Over-the-Counter Medication Authorization Form

This form is to be completed annually by a parent/guardian ONLY.

Please notify the school of any changes in this information throughout the school year.

Student's Name _____ Date of Birth ____ / ____ / ____

Height _____ Weight _____ Age _____ Medical Condition(s) _____

Preferred contact method if medication is administered (*circle one*): phone call / email / Remind App

Preferred Contact Name _____ Contact phone/email _____

List any **medication allergies** with type and severity of reaction _____

Daily Medication(s) - *anything taken routinely, to include vitamins and OTC medications*

Medication _____ Dose _____ Frequency _____ Given for _____

Medication _____ Dose _____ Frequency _____ Given for _____

Medication _____ Dose _____ Frequency _____ Given for _____

Medication _____ Dose _____ Frequency _____ Given for _____

Medication	Initial, if permitted	Symptoms that it will be administered for
Acetaminophen, tablets, 325mg		Pain or temperature >100.5F
Acetaminophen, liquid, 160mg/5mL		Pain or temperature >100.5F
Ibuprofen, tablets, 200mg		Pain or temperature >100.5F
Ibuprofen, liquid, 100mg/5mL		Pain or temperature >100.5F
Diphenhydramine HCl, liquid		Severe allergic reactions (<i>emergency only</i>)
Diphenhydramine HCl, tablet		Severe allergic reactions (<i>emergency only</i>)
Diphenhydramine HCl, topical cream		Hives (<i>emergency only</i>)
Hydrocortisone 1%, topical cream		Itching, insect bites
Antibiotic Ointment, topical		Cuts, scrapes
Cough Drops, Vitamin C drops		Coughing
Throat Lozenges (only >12)		Sore Throat
Tums (only >12)		Heartburn, stomach hurts

I authorized staff at The Marshall School to administer the medications listed above as directed by the manufacturer, under the supervision of the nurse or authorized staff member. I certify that I have the legal authority to consent to medical treatment for the child named above, including the administration of medication.

Parent/Guardian Name (*Please Print*) _____

Parent Signature _____ Date _____