

Over-the-Counter Medication Form

This form must be completed fully and on file in order for a student to take an OTC medication provided by the school (see list below). The student will take the OTC medication as indicated while under the supervision of the nurse or authorized staff member. A new and completed OTC Medication Authorization Form is required annually.

Child's Name: _____

DOB: _____

Parent Guardian Name: _____

Phone #: _____

Medications Currently Taking at Home: _____

Allergies: _____

Please indicate which medications your student may receive while attending The Marshall School along with the dosage.

Medication	Check here if permitted	Dose if different from recommended	Symptoms to Administer
Acetaminophen Tablets 325 mg each			Pain
Acetaminophen Pediatric Liquid			Pain
Ibuprofen Tablets 200 mg each			Pain
Ibuprofen Pediatric Liquid			Pain
Diphenhydramine HCl Liquid			Itching, sneezing, congestion, severe allergic response
Tums >12 year old			Acid indigestion
Hydrocortisone 1% cream		Topical	Itching, insect bites
Triple Antibiotic Cream		Topical	Cuts, scrapes
Cough Lozenges			Coughing, sore throat
Essential oils/drops			

I request the authorized staff at The Marshall School to administer the medication as directed. I certify that I have the legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility.

Parent Signature

Date