WESTMINSTER CHRISTIAN SCHOOL
AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS (OTC) AT SCHOOL

NAME: _____ **GRADE:** ____ **ALLERGIES:** _____

Please **cross off** any medications the student **may not** have, and enter any additional medications needed. These medications are stocked in the clinic and are available for general use **if parent and physician permission is given**. **Physician approval must be given for all OTC medications.**

MEDICATION	ROUTE	FREQUENCY	SPECIFIC INSTRUCTIONS	SPECIAL INSTRUCTIONS	PLEASE ATTEMPT TO CONTACT PARENT FIRST
Tylenol	oral	every 4 hrs if needed	All medications will be administered by weight and/or age according to package instructions or as prescribed by the physician.	For headaches or stomach aches	Yes No
Advil	oral	every 6 hours if needed		For muscular or skeletal pain	Yes No
Tums/Mylanta/ PeptoBismol	oral	if needed.		For upset stomach	Yes No
Benadryl	oral	every 6 hrs if needed		Allergic reactions	Yes No
Antibiotic Ointment	Topical	if needed		Abrasions	Yes No
Benadryl Cream	Topical	if needed		Itching or bug bites	Yes No
1% Hydrocortisone Cream	Topical	if needed		For contact dermatitis	Yes No
Cough drops (OTC)	oral	if needed		For cough or sore throat	Yes No
Sudafed	oral	every 4-6 hrs. if needed		Cold Symptoms	Yes No
Triaminic	Oral	every 4-6 hrs. if needed		Cold Symptoms	Yes No

Other Medication_____ Dosage_____
Time and directions for dispensing_____
Purpose for medication_____Possible side effects_____

_____ _____ _____
Physician Stamp Physician Signature Date Completed

I hereby grant the school nurse or his/her designee the permission to administer the medications above for my child during the school day.

_____ _____ _____
Parent/Guardian name (Printed) Signature of Legal Parent/Guardian Date Signed

Please call the school nurse at 305-233-2030 ext. 224 with any questions. This form may be copied as needed. Forms may also be downloaded fromwww.wcsmiami.org on the Health Clinic page. If parent chooses "Please attempt to contact first", all effort will be made to contact parent, however, permission is still given to administer medication in the event parent cannot be reached.

Form may be faxed to 305-232-4547