

## Over-The-Counter Medication Form (OTC) High Point Christian Academy

The most common reasons for sick visits to the office are listed below with a description of the medications available. If you consent to this medication being administered to your child by the Health Services Director or designee, please check the consent box. Before any medication other than what is listed below can be administered at school, an Authorization for Medication Form (separate from this form) must be completed by a parent/guardian and signed by a physician.

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Classroom/Homeroom Teacher Name \_\_\_\_\_

**This box to be completed by physician:**

<p>For Pain: Use product directions – Dosage according to weight (<b>Child's weight</b> _____)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acetaminophen (Tylenol or generic equivalent)</li> <li><input type="checkbox"/> Ibuprofen (Advil or generic equivalent)</li> <li><input type="checkbox"/> Midol (Girls only)</li> </ul> <p>Bee Stings or Allergic Reactions: Use product directions according to weight.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diphenhydramine (Benadryl or generic equivalent) liquid or rapid melts</li> </ul> <p>Upset Stomach: Use product directions</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tums (chewable)</li> </ul> <p>First Aid of Minor Scrapes/Itching:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Antibacterial Ointment (Polysporin or generic equivalent)</li> <li><input type="checkbox"/> Cortizone Cream 1%</li> </ul>	<p style="text-align: center;"><input type="checkbox"/> <b>All the Medications Listed</b></p> <p style="text-align: center;"><b>No medical contraindication to administering over-the-counter medications.</b></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;"><b>Physician's Name (Please Print)</b></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"><b>Physician's Signature</b></td> <td style="width: 30%; border: none;"><b>Date</b></td> </tr> </table>	<b>Physician's Signature</b>	<b>Date</b>
<b>Physician's Signature</b>	<b>Date</b>		

If a student has a fever of 100.4° F or higher, parents will be contacted and the student will be sent home. In this case, the Health Services Director or designee will not provide medication without instructions from parent or physician.

I do hereby release High Point Christian Academy from any and all damages for injuries or illnesses occurring from taking any of the above non-prescription medications given to my child during school hours or activities. I hereby authorize the Health Services Director to share this information with High Point Christian Academy staff as necessary for the safety and welfare of my child during the school year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date