



Over-The-Counter Medication Form (OTC) High Point Christian Academy 2023-2024

Student Name _____ Birth Date _____

Classroom/Homeroom Teacher Name _____

*In accordance with North Carolina State Law NC § 115C-375.1, **physician authorization** and **parent permission** are required before school employees can administer any OTC medication.

THIS BOX TO BE COMPLETED BY PHYSICIAN

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| <p>Pain:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acetaminophen (Tylenol or generic equivalent) <input type="checkbox"/> Ibuprofen (Advil or generic equivalent) <input type="checkbox"/> Midol (Girls only) <p>Bee Stings or Allergic Reactions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diphenhydramine (Benadryl or generic equivalent) <p>Upset Stomach:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tums (chewable) <p>First Aid for Minor Scrapes/Itching:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Antibacterial Ointment (Polysporin or generic equivalent) <input type="checkbox"/> Cortizone Cream 1% <p>Other:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check here for OTC medication not listed <p>Medication Name: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check here for authorization to administer ALL OTC medications listed | <p>*Medications will be administered and dosed according to product directions and child's weight. Child's Weight _____(required)</p> <p>There are no medical contraindications to administering the above indicated over-the-counter medications.</p> <p>_____</p> <p>PHYSICIAN'S NAME (Please Print)</p> <p>_____</p> <p>PHYSICIAN'S SIGNATURE Date</p> |
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PARENT'S PERMISSION

- I do hereby give permission for the above indicated non-prescription medications to be administered to my child (named above) by the school nurse or designee.
- I do hereby release High Point Christian Academy, its administrators, staff and faculty from any and all damages for any accident, injury or illness that may result from or related to the administration of the above indicated non-prescription medications.
- I hereby authorize the school nurse 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