

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

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		
Pain: ☐ Acetaminophen (Tylenol or generic equivalent) ☐ Ibuprofen (Advil or generic equivalent) ☐ Midol (Girls only)	*Medications will be administered and dosed according to product directions and child's weight. Child's Weight(required)	
Bee Stings or Allergic Reactions: Diphenhydramine (Benadryl or generic equivalent)	There are no medical contraindications to administering the above indicated over-the-counter medications.	
Upset Stomach: ☐ Tums (chewable)	PHYSICIAN'S NAME (Please Print)	
First Aid for Minor Scrapes/Itching: Antibacterial Ointment (Polysporin or generic equivalent) Cortizone Cream 1%	PHYSICIAN'S SIGNATURE Date	
Other: Check here for OTC medication not listed Medication		
Name: ☐ Check here for authorization to administer ALL OTC medications listed		

Student Name ______ Birth Date _____

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	