

**Over-The-Counter Medication Form (OTC) High Point Christian Academy 2021-2022** 

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

## 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.