



Over-The-Counter Medication Form (OTC)
High Point Christian Academy 2018-2019

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

Form with two columns. Left column: Pain (Acetaminophen, Ibuprofen, Midol), Bee Stings or Allergic Reactions (Diphenhydramine), Upset Stomach (Tums), First Aid for Minor Scrapes/Itching (Antibacterial Ointment, Cortizone Cream), Other (OTC medication not listed, authorization to administer ALL OTC medications). Right column: \*Medications will be administered... Child's Weight (required), There are no medical contraindications..., PHYSICIAN'S NAME (Please Print), PHYSICIAN'S SIGNATURE, 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 \_\_\_\_\_