



New Life Academy

Over the Counter (OTC) Medication Elementary (Kindergarten-5th Grade) Authorization Form (2017-18)

For their own safety and the safety of other students, elementary students may NOT carry their own medications (OTC or prescription) without written parental and healthcare provider approval. The medications below are available in the Health Office at NLA. Other OTC medications may be given by health office staff with written parental approval (form on NLA website) with the medication supplied in the original packaging. This authorization expires at the end of the school year.

Please indicate:

- **Medications:** you would like your child to receive as needed during school hours with your initials.
- **Dosage:** Medication dosages must follow package directions (see second page). If more than the listed amount is desired, written approval by both a parent and a healthcare provider is required. If less than the listed amount is desired, please indicate the amount below.
- **Frequency:** examples: once during school day, every 4 hours
- **Notification:** Initial this box if you desire to be notified before medication is given. Parents will always be notified via email after any medication is given by health office staff.
- **Weight:** Must be filled out to determine dosage

Student Name _____ Grade _____ Age _____ Weight _____

MEDICATION		As Needed (Initials)	DOSAGE	FREQUENCY	Notify Before Giving
Acetaminophen Brand Name= Tylenol As needed for Minor aches or pains	Regular Strength Oral 325mg/pill For 12 y/o & older				
	Junior Strength Chewable 160 mg/pill For ages 6-11 yrs				
	Children's Liquid 160mg/1 tsp For ages 2-11 yrs				
Ibuprofen Brand Name=Advil As needed for minor aches or pains	Oral 200mg/pill For 12 y/o & older				
	Children's Liquid 100mg/1 tsp For ages 2-11yrs				
Antacid/ Calcium Carbonate Brand Name=Tums	Chewable 1,000mg/tablet As needed for heartburn, sour stomach, acid indigestion or upset stomach				
Halls Mentho-Lyptus Cough Drops	Menthol 6.5 mg/drop As needed for cough or sore throat				

YES, I give permission to NLA health office staff to administer the above OTC medications as needed.

Parent's (or legal guardian) Signature: _____ Date: _____

I do **NOT** want my child to receive any of the above OTC medications at school.

Parent's (or legal guardian) Signature: _____ Date: _____



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Medication Package Directions For Your Reference

	Weight (Pounds)	Age	Dosage
Acetaminophen			
Regular Strength	96-146		1-2
	146+		1-3
Jr. Strength Chewable	48-59	6-8	2
	60-71	9-10	2.5
	72-95	11	3
	96+	12	4
Children's Liquid	24-35	2-3	1 tsp
	36-47	4-5	1.5 tsp
	48-59	6-8	2 tsp
	60-71	9-10	2.5 tsp
Ibuprofen			
Oral Pills (200mg/each)			1-2
Children's Liquid	36-47	4-5	1.5 tsp
	48-59	6-8	2 tsp
	60-71	9-10	2.5 tsp
	72-95	11	3 tsp
Antacid/Calcium Carbonate			2-3 tablets as symptoms occur
Halls Mentho-Lyptus Cough Drops			Dissolve 1 drop slowly in the mouth. Repeat every 2 hours as needed.