



New Life Academy

Over the Counter (OTC) Medication Secondary (6th-12th Grade) Authorization Form (2017-18)

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 health website) with the medication supplied in the original packaging. All prescription medications (including inhalers) require written approval from a healthcare provider and parent. 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. (Liquid and chewable versions available)
- **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 years & older				
Ibuprofen Brand Name=Advil As needed for minor aches or pains	Oral 200mg/pill For 12 years & older				
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: _____

Self-Carry OTC pain medicine: During school hours and NLA sponsored activities, I give permission for my child to possess and self-administer non-prescription pain medication (examples: Tylenol, Advil, Aleve). My child understands that he/she cannot share them with other students. This policy does not apply to any drug containing ephedrine or pseudoephedrine. NLA staff may revoke this privilege if the student is abusing this privilege or not following this policy.

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
Ibuprofen			
Oral Pills (200mg/each)			1-2
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.