



Over the Counter (OTC) Medication Elementary (Kindergarten-5th Grade) Authorization Form (2022-23)

For their own safety and the safety of other students, elementary students may NOT carry their own medications (OTC or [prescription](#)) except for certain [emergency medicine](#) with written parental and healthcare provider approval. OTC medications must be kept in the health office and may be given by health office staff with written parental approval with the unexpired 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.
****Please note: Parents will need to supply their child's over the counter medications.**
- Dosage: Medication dosages must follow the package directions. 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** the 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	SAFE/RECOMMENDED DOSE	INDICATION/ REASON FOR GIVING	DOSAGE	FREQUENCY	Notify Before Giving

YES, I give permission to NLA health office staff to administer the above self-supplied OTC medications as indicated above.

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

If your student will be taking a dose higher than the recommended dose on the package label or if there isn't a dose for your child's age range on the bottle label, you **WILL** need a Physician's signature indicating the approved dosage and medication.

Physician's Signature: _____ Date: _____

