



American Overseas School of Rome

School Year: _____

New form must be completed every year

NON-PRESCRIPTION MEDICATION AUTHORIZATION FORM

This form is to be completed and signed by the parent/guardian authorizing medication to be given to the student during school hours. This form must be completed for *non-prescription medications* and returned to the school before the medicine can be given. If any changes occur during the school year, a new form must be completed and returned to school. This form is good for one school year.

Parent Permission Section (to be completed by parent/guardian)

Student's Name _____ DOB _____ Gender _____ Grade _____

Parent/Guardian _____ Phone _____

Emergency Contact _____ Phone _____

MEDICATION HISTORY:

Is your student allergic to any medication? Yes No

If **YES**, please list medicine(s) and type of reaction: _____

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

_____ I approve all medications listed below

_____ I do **NOT** want any *non-prescription medications* given to my student

Please check the non-prescription medication listed below that the school nurse may administer to your child according to the manufacturer's recommended dosage. It is understood that the medication (if available) is administered solely at the request of the parent. Please check with the school nurse to see which medications are available for students in the nurse's office and which medications you will need to supply. The school is not able to supply medication for frequent or daily use. For non-prescription medication not listed on this form, or if the medication must be given on a regular basis, please use the form "Request for Medication Administration".

Ibuprofen (i.e. Advil, Motrin) **Acetaminophen** (i.e. Tylenol) **Cough Drops** **Tums**

Benadryl cream (i.e. Caladryl, Diphenhydramine) **Antihistamine** (i.e. Benadryl, Zyrtec) **Pepto Bismal** (antacid)

Probiotics

Other Medication: _____ Dose _____
Route _____ Frequency _____

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

(Signature of Parent or Guardian)

(Date)