



## Over- the- Counter (OTC) Medication Authorization Form

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please check "yes" or "no" and sign below to authorize Commonwealth Academy to administer the following over- the-counter medications to your child. OTC medications are administered per package directions.

Medication	Yes	No
Acetaminophen (Tylenol)		
Ibuprofen (Advil)		
Antacid (Tums)		
Cough Drops		
Diphenhydramine (Benadryl)		
Topical Ointment (antibiotic, hydrocortisone)		
Sunscreen		

Please select and complete the appropriate permission category below.

**Commonwealth Academy does NOT have my permission to administer non-prescription medications to my child.**

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Commonwealth Academy has my permission to administer to my child the non-prescription medications indicated above.**

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_