

PLEASE DO NOT WRITE ABOVE THIS LINE - FOR MAGNUS HEALTH USE ONLY



# OVER THE COUNTER MEDICATION AUTHORIZATION FORM

This coversheet is **ONLY** for the form and student listed above  
and **MUST BE RECEIVED** for processing.



**DO NOT** use staples or paperclips!



Please print and complete this form then  
submit all pages including this coversheet via:

FAX	MAIL
<p><b>(877) 447-9530</b></p> <p>Outside of the United States? Please fax to (978) 244-8894</p>	<p>-OR-</p> <p><b>Magnus Health Does Not Accept Mailed Forms</b></p>



**STONE RIDGE OVER THE COUNTER (OTC) MEDICATION AUTHORIZATION FORM**

- This form must be completed fully and be on file at Stone Ridge in order for an OTC medication to be provided during the school day.
- The child’s physician and parent/guardian must sign this form.
- A new and completed OTC Medication Authorization Form must be completed annually.

Name of Student:\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Grade (in Fall):\_\_\_\_\_

**PART I: PHYSICIAN**

The Stone Ridge Nurse may administer the following Over the Counter Medications:

- Acetaminophen (generic Tylenol) 325 mg, 1-2 tablets given for pain or fever (or age/weight appropriate dose)
- Ibuprofen (generic Advil/Motrin) 200 mg, 1-2 tablets given for pain or fever (or age/weight appropriate dose)
- Tums (antacid), 1-2 tablets for upset stomach
- Cough drops, sore throat lozenges
- Neosporin or Bacitracin ointment given for wound care
- Calamine or Caladryl Lotion given for itching
- Hydrocortisone .5-1% cream given for hives/itching
- Normal Saline eye drops, Clear eyes for contact lenses or itchy eyes

Physician's Name (Print)	Physician's Signature	Date
Address: _____		Phone: _____

**PART 2: PARENTS**

I give permission for Stone Ridge personnel to administer OTC medications listed above.

Parent/Guardian's Name (Print)	Signature	Date
Address: _____		Phone: _____