



Student Over the Counter Medication Authorization

At any time during the school year your student may report to the nurse for first aid. Please select the over-the-counter medications that you would like the nurse to administer with your consent. NO medication will be given without parental consent.

For specific over-the-counter medications or prescription medications, please go to the **Duneland School Corporation** website to obtain the necessary forms and submit them to your school nurse.

STUDENT: _____ GRADE: _____

My child, named above, has my permission to take the following medications as directed by the original manufacturers packaging. All over-the-counter medications are subject to availability.

Please check Yes or No

Yes No Tylenol (generic) - dosage determined by original manufacturers packaging
***Liquid and chewable tablets may be available at some elementary schools

Yes No Advil (generic) – dosage determined by original manufacturers packaging
***Liquid and chewable tablets may be available at some elementary schools

Yes No Benadryl (generic) – dosage determined by original manufacturers packaging
***Liquid and chewable tablets may be available at some elementary schools

Yes No Tums (generic) –dosage determined by original manufacturers packaging

Yes No Cough Drops – for cough as needed

This authorization shall be valid until rescinded in writing or replaced by one of a later date.

SIGNED: _____ DATE: _____
Parent/Legal Guardian