



OVER-THE-COUNTER (OTC) MEDICATION AUTHORIZATION 2024

Student Name: _____ Date of Birth: _____ Grade: _____

Option 1:

Please check YES or NO to authorize NPS Summer Nurse/medication trained staff to administer the following over-the-counter (OTC) medications to your child. OTC medications are administered per package directions based on a child's weight unless other written directives are provided by a licensed primary care provider.

Over-the-Counter Medication dispensed per package directions	Indications	Yes	No	Indicate specific dose if different from package instructions
Ibuprofen (Advil) or generic	Pain reliever/fever reducer			
Acetaminophen (Tylenol) or generic	Pain reliever/fever reducer			
Topical antibiotic ointment	Skin protection			
Lubriderm lotion	Skin irritation or dryness			
Anti-itch cream/gel (itch sticks, Calamine, Hydrocortisone)	Skin irritation			
Eye wash	Seasonal allergy discomfort			
Antihistamine (Benadryl)	Episodic seasonal allergy discomfort			
Other OTC medication Specify: _____	Specify: _____			

I hereby request and authorize NPS Summer personnel to administer medication as directed by the primary care provider to my child named above. I agree to release, indemnify, and hold harmless NPS Summer and its employees from lawsuit, claim, demand, or action against them for administering the above medication/s to this student, as directed by the primary care practitioner.

Primary Care Provider Signature

Date

Parent/Guardian Signature

Date

Option 2:

- I do **NOT** authorize NPS Summer Nurse or other school personnel trained by the nurse to administer over-the-counter (OTC) medications to my child.

Parent/Guardian Signature

Date

Office Use Only:

- Pharmacy label & licensed Primary Care Provider orders match
 Orders signed by licensed Primary Care Provider & Parent/Guardian

Registered Nurse Signature

Date