

ACS Medication Authorization for Over the Counter & Prescription Meds

Student Name: _____ Grade: _____
 Allergies to Medications: _____

Non- Prescription Medications: Over-the-counter medication authorization is required by law to be signed by *BOTH a parent and physician annually*. Please authorize medication administration by checking appropriate boxes or filling in *other medication*:

- ALL over the counter medicines available in the health office.**
 - Ibuprofen 5-10 mg/kg/dose by mouth (max 400mg/dose) every 6-8 hours as needed
 - Acetaminophen 10-15 mg/kg/dose (max 650 mg/dose) by mouth every 6-8 hours
 - Diphenhydramine 1 mg/kg by mouth (max 50mg/dose) every 6-8 hours as needed
 - Calcium Carbonate (Tums or Children's Tums) 1-2 tabs every 2-3 hours as needed
 - Saline eye drops 1-2 drops per affected eye every 1-2 hours as needed
 - OTC eye drops for redness or itching per affected eye per package instructions
 - Topical burn gel (superficial burns only) apply to affected area per package instructions
 - Topical hydrocortisone cream, apply PRN to rash Max: 4x/day
 - Lip balm (petroleum based for chapped lips)
 - Topical antibiotic ointment (apply as needed to cuts or superficial abrasions)
 - Cough drops (ages 6 and over)
 - Muscle Rub/Spray (apply daily as needed for pulled or strained muscle)
 - Sting kill (for insect stings)
 - Aloe Vera Lotion (sunburns)
 - Hand Lotion (Eucerin, Aquaphor or Vaseline Intensive Care)
 - *Other OTC medication (please specify)

***Must supply if not on list**

I do NOT consent to the administration of any OTC medication to be given to my student

PRESCRIPTION MEDICATIONS

Medications for asthma, allergies, seizures and diabetes:

A student may carry the following medication with both physician and parent authorization: EpiPen. Benadryl. Insulin. Glucagon & other diabetic supplies. Asthma inhalers & equipment..

Emergency Medicine(s):

(Med Name)	(Dose)	(Route)	(Frequency)
(Med Name)	(Dose)	(Route)	(Frequency)
(Med Name)	(Dose)	(Route)	(Frequency)
(Med Name)	(Dose)	(Route)	(Frequency)

Self-Carry/Self-Administer (does not imply expectation to self-administer in crisis) Notes: _____

Other Prescription Medications:

All medications must be brought to Health Services by parent/guardian in a prescription-labeled container.

Medication: _____ Dosage: _____ Frequency: _____ Duration of order: _____
 Medication: _____ Dosage: _____ Frequency: _____ Duration of order: _____

MS & US Students: With physician and parent authorization, a student may carry & self-administer medications as needed. Please list below and see policy notes on page 2.

All medications listed above, including non-prescription, require **physician** and **parent** signatures.

✕✕ **Medical Provider Signature** _____ Date _____

✕ **Parent/Guardian Signature** _____ Date _____