

# Green Acres Over-The-Counter Authorization Form

**FORM INSTRUCTIONS: To authorize the administration of over-the-counter medications to your child as needed during camp, please complete this form in consultation with your child's doctor.** If any medication is administered, we will promptly inform you with all relevant details. This form grants us permission, in advance of camp, to provide necessary medication to your child as appropriate.

The form includes a list of all available medications on site. You may select which medications you approve for your child. We strongly recommend reviewing this list carefully.

**If you do not wish for any medication to be administered, there is no need to return this form.**

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## Part 1: Completed by Parent or Guardian

I hereby request and authorize Green Acres School (GAS) personnel to administer over-the-counter (OTC) medications as directed by the physician (part 2 below). I agree to release, indemnify, and hold harmless GAS and any of their officers, staff members, nurse delegates, or agents from lawsuit, claim, demand, or action against them for administering the following ordered medication to this student, provided GAS staff are following the physician's order as written in part 2 below. I have read the procedures outlined in this form and assume responsibilities as stated herein.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

All Current Daily Medications: \_\_\_\_\_

Parent of Guardian's Printer First Name: \_\_\_\_\_

Parent or Guardians Signature: \_\_\_\_\_

Parents Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 2: Completed by Physician

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The Montgomery County Department of Health and Human Services and Green Acres School discourage the administration of medication to students in school during the school day. Any necessary medication that possible can be administered before or after school should be given outside of school hours. Only non-parenteral medication are administered except in emergency situations. School personnel will, when it is necessary, administer medications to students during the school day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on the following pages of this form. Please do not use abbreviations. **I have read the above parent/guardian information and assume the responsibilities as required.**

**The orders listed below are active for the following dates (Check all that apply):**

Summer Camp 2025 (June 16<sup>th</sup> 2025 – August 8<sup>th</sup> 2025)

Medication	Form	Route	Dosage	Schedule and Instructions	Parent's Initials
Children's Tylenol (Acetaminophen)	Tablets (80MG/Tab) or Liquid (160MG/5ML)	Oral	_____ Tabs _____ MLS	Q 4-6 hours PRN for pain or fever above *Not to exceed 5 doses in 24 hours	
Side effects			Notes		
Children's Motrin (Ibuprofen)	Tablets (100 MG/Tab) Or Liquid (100 MG/5ML)	Oral	_____ Tabs _____ MLS	Q 6-8 hours PRN for pain or fever above *Not to exceed 4 doses in 24 hours	
Side effects			Notes		
Children's Oral Benadryl (Diphenhydramine HCL)	Liquid (12.5MG/5ML)	Oral	_____ MLS	Q 4-6 hours PRN for mild to moderate allergic reaction (insect bites, hives, or rash) *Not to exceed 6 doses in 24 hours	
Side effects			Notes		
Tums (Calcium Carbonate)	Tablets (500MG/Tab)	Oral	_____ Tabs	Q 1-2 hours PRN for stomach irritation *Not to exceed 15 tablets in 24 hours	
Side effects			Notes		
Neosporin (Triple Antibiotic Ointment)	Ointment (Bacitracin 400 units Neomycin 3.5 mg Polymyxin B 5,000 units)	Topical	_____ Layer	1-3 times per day PRN for cuts, scrapes, or minor burns	
Side effects			Notes		

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Hydrocortisone Cream 1%	Hydrocortisone Cream 1%	Topical	_____ Layer	Apply to affected area for skin irritation	
Side effects			Notes		
Benadryl Cream	Ointment (Diphenhydramine Hydrochloride 1% Zinc acetate 0.15)	Topical	_____ Layer	Apply to affected area for skin irritation * Not to exceed 4 times daily	
Side effects			Notes		
Calamine Lotion	Ointment (Calamine 8%, Zinc Oxide 8%)	Topical	_____ Layer	Apply to affected area for skin irritation	
Side effects			Notes		
Cough Drop	Lozenge (Menthol 5-8Mg Lozenges)	Oral	_____ Drops	1 Lozenge Q 2 hours for throat irritation * Not to exceed 2 days	
Side effects			Notes		
Side effects			Notes		
Side effects			Notes		

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_

Physician's Fax: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

**Part 3: Completed by School Nurse**

- Parts 1 and 2 above are completed including signatures
- Medication label and physician's orders are consistent
- Medication is properly labeled by pharmacist

Physician's Stamp



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School Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date Medication Returned: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Returned: \_\_\_\_\_

## Information and Procedures

1. Except in emergencies no medication will be administered in school or during school-sponsored activities without the parent/guardian's written authorization or a written physician's order. This includes both prescription and over-the-counter (OTC) medications.
2. The parents/guardian is responsible for completing Part 1 and obtaining the physicians order on Part 2. This is required every school year for each new or continuing order or if there is a change in dosage or time of administration during the school year. (A physical may use office stationery or prescription pad in lieu of completing Part 2) Information necessary includes: child's name, diagnosis, medication name, dosage, route, time or administration, duration of medication, side effects, physician signature, and date.
3. The medication must be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. **Under no circumstances will the school administer medication brought to school by a child.**
4. All prescription medication must be provided in a container with the pharmacist's label attached. Non-prescription OTC medication must be in the container with the manufactures' original label. Physician's samples must be appropriately labeled by the physician.
5. The first day's dosage of any new medication must be given at home before it can be administered at school.
6. The parent/guardian is responsible for collecting any unused portion of medication within one week expiration of the physician's order or at the end of the school year. Medication not claimed within that time period will be destroyed.
7. Self-administered and/or non-medically prescribed medications are entirely the responsibility of the parent/guardian and not that of Green Acres School. Medications without accompanying physical orders and parental consent will not be stored in the health room.
8. Students may not self-administered controlled substances.
9. A physician's order and parental permission are necessary for self-carry/self-administered emergency medications such as inhalers for asthma and EpiPens® for anaphylaxis. The school nurse must evaluate and approve student's ability and capability to self administer medication. It is imperative the students understand the necessity for reporting to the health staff and other school staff that they have self-administered their inhaler every time it is used with or without any improvement or have self-administered an EpiPen® so that 911 may be called.
10. The school will call the prescriber, as allowed by HIPPA, if a question arises about the child and/or the child's medication.
11. The form is effective for the 2024-2025 school year and summer camp. It also applies to overnight trips provided there are no changes.