



SALEM COMMUNITY HIGH SCHOOL

EST. 1874

OVER THE COUNTER MEDICATION AUTHORIZATION FORM

To be completed by the child's healthcare provider and parent/guardian. A new form must be completed for every school year.

Student's Name _____ Grade _____

The following must be completed by the student's healthcare provider.

Healthcare Provider Name _____ Phone _____

Tylenol/Acetaminophen ☐ Ibuprofen/Advil ☐ Midol ☐ Benadryl ☐ Tums ☐

All medications marked above will be administered per medication package directions or as specified by the provider.

Directions of medication if not per package _____

Provider's Signature _____ **Date** _____

For All Parents/Guardians:

Illinois State Law requires written permission by a parent/guardian and licensed healthcare provider for administration of ANY medication at school, including over-the-counter medications. This form will be kept on file in the Nurse's office and valid for the entity of the school year. By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Salem Community High School District and its employees, in my behalf, to administer or attempt to administer the medication to my child (or allow my child to self-administer, while under the supervision manner described above.) I **acknowledge that it may be necessary for the administration of medication to my child to be performed by an individual other than a school nurse and specifically consent to such practices**, and I agree to indemnify and hold harmless the Salem Community High School and its employees against any claims, except willful and wanton conduct, arising out of the administration or child's self-administration of medication. I also consent to school health staff exchanging, both verbal and written, with regard to my child's medications and conditions with the prescribing provider listed above.

Parent/Guardian Signature _____ **Date** _____