Wyoming City Schools

OVER-THE-COUNTER MEDICATION AUTHORIZATION FORM

STUDENT INFORMATION

Student Name:	DOB:	Grade:	Building:
Address:			
Parent/Guardian Name:		Phone:	
List any known drug allergies/reactions:			

OVER-THE-COUNTER MEDICATIONS

- OTC medications will be administered according to the student's age or weight, and package directions. Any administration outside of these parameters requires a healthcare provider's order.
- Only the OTC medications listed will be given with parent/guardian permission, as they are the most common and safe for school use. Any unlisted medication requires a healthcare provider's order.

MEDICATION	CHECK BOX TO APPROVE	INDICATIONS
Acetaminophen (Tylenol)	☐ Children's chewable or liquid ☐ 325 mg tablets ☐ 500 mg tablets	Pain relief or fever
Ibuprofen (Advil, Motrin)	☐ Children's chewable or liquid ☐ 200 mg tablets	Pain relief, inflammation, or fever
Cough Drops	☐	Sore throat or cough relief
Antacid (TUMS)	☐	Upset stomach, heartburn, or indigestion
Hydrocortisone 1% Cream	☐	Itching or mild skin irritation (e.g., bug bites, rash)

PARENT/GUARDIAN PERMISSION

By signing below, I authorize a designated employee of the school board to administer the above medication(s) to my child. Permission is valid through the end of the current school year.

☑ OTC medications must be supplied by the parent/guardian in the original, unopened container and labeled with the student's name. Please provide medication in small bottles rather than large or bulk containers.

☑ My child has previously taken this medication and had no adverse reactions.

☑ Fever-reducing medication will only be given to provide comfort while awaiting pickup, not to keep a student in school.

☑ OTC medications are for short-term use. If the same medication is needed for more than 3 consecutive school days or 8 doses in one month, a written order from a healthcare provider is required.

☑ Verbal requests cannot be accepted; a signed permission form must be on file before medication can be administered.

I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature: **Date:**

Completed forms may be hand-delivered to your child's school, uploaded to Final Forms, sent via email or faxed.	**Elm:**	jonese@wyomingcityschools.org	(f): 513-206-7337
	Hilltop:	footee@wyomingcityschools.org	(f): 513-206-7305
	Vermont	grayt@wyomingcityschools.org	(f): 513-206-7370
	Middle School:	joneske@wyomingcityschools.org	(f): 513-206-7245
	High School:	murphyn@wyomingcityschools.org	(f): 513-206-7132