Over the Counter Medication Order Form

For medications given in school, the New York State Education Department requires prior written approval from both a healthcare provider and the parent/guardian for both prescription and over the counter medication (OTC). If your child requires medication, both your health care provider and you will need to complete a Medication Authorization Form and supply the prescribed and OTC medication for the individual child. There are certain common OTC products that the school nurse might stock that may be used with your additional permission to do so. Once completed, this form allows the school nurse to administer or apply OTC medication to your child during school hours.

This form must be signed and initialed by your health care provider and you.
To use the school stock medications, you must give additional permission.

Student's Name: _____ **DOB:** _____ **Allergies:** _____

Medication	Indications for use and conditions under which medication should be administered. Please add indications if needed	Dosage and Route of Medication	Frequency and/or Time	Health Care Provider Consent (Please Initial)	Parent/ Guardian Consent (Please Initial)
Saline solution	Cleanse abrasions	1 application	As needed		
Lip balm/chap stick	Dry lips	1 application	As needed		
Vaseline	Skin irritation	1 Topical application to site	As needed		
Unscented hand/body lotion	Apply to dry, itchy skin	1 Topical application to site	As needed		
Cough Drop	Cough, dry throat	1 drop	As needed		
sunscreen	Sun exposure	1 application	As needed		

To be completed by Health Care Provider: **I authorize the medications I have initialed above to be administered to this student**		
Name/Title of Licensed Prescriber: (please print)	License #:	Date:
Signature:		Initials:
Office Address:		Phone:

To be completed by Parent/Guardian:	
Name: (please print)	Date:
Signature:	Initials:
☐ **I give the school permission to use their stock OTC medication listed on this form**	Cell Phone: