

The Fletcher School 2026-27 AUTHORIZATION for OVER-THE-COUNTER MEDICATIONS

North Carolina law requires school nurses to have a physician's order on file in order to administer **all** medications to your child including over-the-counter and prescribed. The form will be used during the academic day, as well as on all school-sponsored events. **Absolutely NO medications will be administered by school personnel without the written authorization of both a physician and a parent/guardian.**

This form is only valid for the 2026-2027 school year.

STUDENT _____ D.O.B. ____/____/____ Grade _____ Weight _____

Drug Allergies: _____

OVER-THE-COUNTER MEDICATIONS *(to be completed by your child's physician)*

Please check the approved medication. All medications will be given per the manufacturer's recommended dosing.

PHYSICIAN APPROVED	MEDICATION <i>(name brand or generic)</i>	ROUTE	MEDICATION ADMINISTRATION <i>Per label instructions or as directed by a healthcare provider</i>	COMMENTS
<input type="checkbox"/>	Children's Acetaminophen <i>(Ex: Tylenol) 160 mg chewable tablet</i>	PO	Dosage based on weight and age every 4 hours as needed for pain or fever	
<input type="checkbox"/>	Acetaminophen <i>(Ex: Tylenol) 325 or 500 mg tablet</i>	PO	1 to 2 tablets every 4 hours as needed for pain or fever	
<input type="checkbox"/>	Children's Ibuprofen <i>(Ex: Advil/Motrin) 100 mg chewable tablet</i>	PO	Dosage based on weight and age every 4 hours as needed for pain or fever	
<input type="checkbox"/>	Ibuprofen <i>(Ex: Advil/Motrin) 200 mg tablet</i>	PO	1 to 2 tablets every 4 hours as needed for pain or fever	
<input type="checkbox"/>	Children's Benadryl <i>12.5 mg chewable tablet</i>	PO	1 to 4 tablets <i>(based on age/weight)</i> every 4 to 6 hours as needed for allergic reaction	
<input type="checkbox"/>	Benadryl <i>25 mg tablet</i>	PO	1 to 2 tablets every 4 to 6 hours as needed for allergic reaction	
<input type="checkbox"/>	Cortisone 1% cream	TOPICAL	Apply topically to the site 3 to 4 times a day as needed for itching or rashes	
<input type="checkbox"/>	Throat Lozenges <i>(Ex: HALLS)</i>	PO	1 lozenge every 2 hours as needed for cough or sore throat	
<input type="checkbox"/>	Antacid <i>(Ex: TUMS)</i> <i>Calcium carbonate USP 1000 mg tablet</i>	PO	1 to 3 tablets as needed for upset stomach or heartburn	
<input type="checkbox"/>				
<input type="checkbox"/>				

Physician's Signature

_____-_____-_____
Phone Number

_____/_____/_____
Date

PRINT Physician's Name

_____-_____-_____
Fax Number

PARENT/GUARDIAN AUTHORIZATION: On behalf of my child, I absolve The Fletcher School and its agents/employees from any and all liability whatsoever that may result from my child taking any of the above medications, both over-the-counter and prescribed.

_____-_____-_____
Parent/Guardian Signature

_____-_____-_____
Phone Number

_____/_____/_____
Date

MEDICATION DELIVERED TO THE HEALTH ROOM:

- **Medication must be in the original container** and match the information on this Over-The-Counter Medication Authorization form.
- Medications must be personally delivered to and picked up from the Health Room or the Front Desk by a parent/guardian.
- Students are not permitted to carry any medication, including over-the-counter medications such as Tylenol and cough drops, while on campus. If a student must carry emergency medication, a self-carry form, available from the nurse, is required.
- Overnight Field Trips for Grades 6-12: If your child takes any medication before or after school that you would like them to receive on overnight trips, we need to have authorization on file in order to dispense these medications. **Medication must be in the original container. All medications to be given on field trips must be delivered to the school at least seven days prior to departure.**