

Nazareth Academy
Authorization Form for Stock Medications
Parent/Guardian and Physician

Student's Name (last, first)

Allergies

School year

I hereby acknowledge that I am primarily responsible for administering medication to my child. However, I authorize the school nurse or designee, on my behalf, to administer or attempt to administer to my child on an as needed basis the medications checked below. Medication will be dispensed at the discretion of the school nurse or designee. Parent/Guardian will be notified when medication is dispensed. A limit of 12 unit doses will be allowed per semester.

Check all that apply:

_____ **Ibuprofen** 200 mg. 2 tablets by mouth every 4-6 hours as needed for temporary relief of minor aches and pains. Generic for Motrin or Advil

_____ **Acetaminophen** 325 mg. 2 tablets by mouth every 4-6 hours as needed for temporary relief of minor aches and pains. Generic for Tylenol

_____ **Antacid** (Calcium carbonate) 420 mg. 2 tablets chewed by mouth every 2-3 hours as needed for relief of acid indigestion, heartburn, or upset stomach.

_____ **Cough Drops**

I further acknowledge and agree that, when such medicine is to be administered or attempted to be administered, I hold harmless and indemnify and waive any claims I might have against the School, The Congregation of St. Joseph and their employees or agents either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempted administration of said medication.

<p>_____ Parent/Guardian Signature</p> <p>_____ Parent/Guardian Name Print</p> <p>_____ Date</p> <p>_____ Phone Number</p>	<p>_____ Physician Signature</p> <p>_____ Physician Name Print</p> <p>_____ Date</p> <p>_____ Phone Number</p>
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