

**FORM REQUIREMENTS**

- This form must be completed fully and on file at Stone Ridge before any OTC medication can be administered during the school day.
- The child's Health Care Provider and parent/guardian must sign this form.
- A new OTC Medication Authorization Form must be completed annually.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (in Fall): \_\_\_\_\_

**Part 1: Health Care Provider**

The Stone Ridge Nurse may administer the following Over the Counter Medications:

- Acetaminophen (generic Tylenol) 325 mg, 1-2 tablets given for pain or fever (or age/weight appropriate dose)
- Ibuprofen (generic Advil/Motrin) 200 mg, 1-2 tablets given for pain or fever (or age/weight appropriate dose)
- Tums (antacid), 1-2 tablets for upset stomach
- Cough drops, sore throat lozenges
- Neosporin or Bacitracin ointment given for wound care
- Calamine or Caladryl Lotion given for itching
- Hydrocortisone .5-1% cream given for hives/itching
- Normal Saline eye drops, Clear eyes for contact lenses or itchy eyes

\_\_\_\_\_  
Health Care Provider's Name (Print)

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**Part 2: Parent/Guardian**

I give permission for Stone Ridge personnel to administer OTC medications listed above.

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_