

Leetonia Exempted Village School District 26-27 School Year
Over the Counter (OTC) Medication Authorization Form

Completion of this form by a parent/guardian gives authorization to the school registered nurse and/or trained staff members to administer OTC medications to students when needed.

This form is required to be completed each school year and will not be valid the following year.

Student Name: _____

Date of Birth: _____

Grade: _____

Allergies: _____

Please check all OTC medications that you wish for your student to be able to receive during the school day. Medications will be given in appropriate forms (tablet, chewable, liquid) and at recommended dosages for age/weight based on the information provided on the bottle/package.

Tylenol (Acetaminophen)

Motrin (Ibuprofen)

Hydrocortizone 1% cream

TUMS (Calcium Carbonate)

Benadryl (Diphenhydramine)

Neosporin (Antibiotic Ointment)

Cough Drops

Petroleum Jelly (Vaseline)

Dermoplast Topical Analgesic (Bites/Stings)

Parent Signature: _____ Date: _____

RN Signature: _____

This form is not for prescription medications. If your child requires administration of a prescribed medication, a separate form must be completed and signed by the licensed prescriber.

Casey Kegelmeyer, BSN, RN.

Leetonia EVSD Nurse

