



SANDRIDGE

— ELEMENTARY SCHOOL —

SCHOOL NURSING OFFICE

2026–2027 OVER-THE-COUNTER (OTC) MEDICATION AUTHORIZATION FORM



The health and safety of our students is a top priority.

1. STUDENT INFORMATION

Student First Name: _____ Grade Level: _____
Student Last Name: _____ Parent/Guardian Name: _____
Date of Birth (DOB): _____ Parent/Guardian Phone Number: _____

2. HEALTH INFORMATION

MEDICATION ALLERGIES

Does your child have any medication allergies?

- ☐ No
☐ Yes (Please specify):

FOOD ALLERGIES

Does your child have any food allergies?

- ☐ No
☐ Yes (Please specify):

SERIOUS MEDICAL CONDITIONS

Does your child have any serious medical conditions that the School Nursing Office should be aware of?

- ☐ No
☐ Yes (Please explain):

3. OVER-THE-COUNTER MEDICATION AUTHORIZATION

The following over-the-counter (OTC) medications may be maintained and administered by School Nursing Office Staff when medically appropriate and according to manufacturer-recommended dosing guidelines based on the student's age and weight.

- ☐ **I AUTHORIZE**
the School Nursing Office Staff to administer the OTC medications checked below to my child when deemed appropriate by nursing staff.

- ☐ **I DO NOT AUTHORIZE**
the School Nursing Office Staff to administer any OTC medications to my child.

4. MEDICATION AUTHORIZATION LIST

Please check all medications you authorize the School Nursing Office Staff to administer:

MEDICATION	AUTHORIZE
1. Diamode (Anti-Diarrheal)	☐
2. Ban-Acid (Antacid)	☐
3. Decorel Forte (Cold/Allergy Relief)	☐
4. Medi-Mucus (Expectorant)	☐
5. Loradamed (Antihistamine)	☐
6. Advil (Ibuprofen)	☐
7. Children's Motrin Chewables (Ibuprofen)	☐
8. Children's Tylenol Chewables (Acetaminophen)	☐
9. Midol Complete	☐

5. PARENT/GUARDIAN ACKNOWLEDGMENT

I understand and acknowledge the following:

1. School Nursing Office Staff will assess my child prior to the administration of any medication.
2. Medication administration will be performed according to manufacturer recommendations, school policy, and nursing judgment.
3. School Nursing Office Staff reserve the right to withhold medication administration if contraindications, allergies, symptoms, medical conditions, or safety concerns are identified.
4. School Nursing Office Staff will maintain documentation of medication administration, including date and time, medication and dosage, reason for administration, assessment findings and vital signs when indicated, and name of staff member administering the medication.
5. Medication administration records become part of the student's confidential health record maintained by the school.
6. This authorization remains in effect for the current school year unless revoked in writing by the parent/guardian.
7. Parents/guardians may be contacted regarding repeated medication use, worsening symptoms, suspected illness, injury, or concerns requiring further medical evaluation.
8. This authorization does not replace emergency medical care. In emergency situations, Sandridge Elementary School and its nursing staff reserve the right to seek emergency medical assistance when deemed necessary for the health and safety of the student.

6. PARENT/GUARDIAN SIGNATURE

I have read and understand the information contained in this form and agree to the selections indicated above.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____



SANDRIDGE WILDCATS – WORKING TOGETHER. LEARNING TOGETHER. SUCCEEDING TOGETHER.

