



Anchorage School District

Over-the-Counter (OTC)



Student:	DOB:	Grade:	Student ID:
----------	------	--------	-------------

Information

This form authorizes Anchorage School District nurses to administer FDA approved OTC medication(s) according to label instructions. Any dose or frequency that differs from the label (including scheduled administration of an OTC med) requires a long-term prescription form to be completed by a healthcare provider with prescriptive authority.

Over-the-Counter Medications

Dose and Frequency may NOT exceed drug label instructions

☐ Acetaminophen (Tylenol) Reason: Dose: Frequency:	☐ Ibuprofen (Advil, Motrin) Reason: Dose: Frequency:
☐ Calcium Carbonate (Tums) Reason: Dose: Frequency:	☐ Non-herbal cough drop Reason: Dose: Frequency:
☐ Other OTC: _____ Reason: Dose: Frequency:	
Allergies ☐ No known allergies ☐ Allergic to: _____	

Parent/Guardian Authorization

I request that the over-the-counter medication(s) listed above be given to my child. In the absence of the nurse, I expressly authorize other trained Anchorage School District ("ASD") personnel to administer this medication. Employees and agents of ASD strive to provide treatment consistent with the appropriate standard of care but are not infallible. I agree to release, defend, indemnify, and hold harmless ASD from any liability for the risks or results of the care, which may include INJURY, ILLNESS, or DEATH, or the way it is administered, including NEGLIGENCE. I will notify the school immediately if the medication is changed. I understand that ANY remaining medication(s) will be disposed of at the end of the school year, unless I pick up the remaining medication(s) by the last school day, as indicated on the ASD school year calendar. I affirm that my child has taken this medicine at least two times in the past without any adverse side effects.

I will notify the nurse if I give this medication to my child before arrival at school, while this request is in effect, to prevent overmedicating.

Parent/Guardian:	Phone:	Date:
Signature:		

This authorization expires at the end of the current school year.