



OVER-THE-COUNTER MEDICATION AUTHORIZATION FORM

2026-2027 School Year

Victor Central Schools Health Office

BOTH PARENT AND HEALTH CARE PROVIDER SIGNATURES ARE REQUIRED.

Dear Parents and Guardians,

Whenever possible, medications should be administered at home. For any prescription or over-the-counter (OTC) medication to be given at school, New York State requires written authorization from both the parent/guardian and the student's healthcare provider. All medications below must be provided by the family.

If this form is not completed and signed by both parties, the school nurse cannot administer these products.

Questions? Contact your child's Health Office at (585) 924-3252.

STUDENT INFORMATION

Child's name _____ Date of Birth: _____ Grade _____

I permit the school nurse to administer per the manufacturer's instructions and as appropriate the following OTC products **only as indicated** for my child for the **2026-2027** school year:

Medication/Product	YES	NO	Provider Dosage/Instructions (if applicable)
ALL OF THE BELOW			
Vaseline/Aquaphor for chapped lips or skin			
Hypoallergenic lotion for dry/irritated skin			
Aloe for dry skin or minor burns			
Calamine lotion or Benadryl cream for itchy rash/insect bites			
Ophthalmic saline for contact lenses			
Artificial tears (1-2 drops) for dry/irritated eyes			
Neosporin for minor cuts, abrasions, or wounds			
Acetaminophen			_____mg every 6 hrs PRN
Ibuprofen			_____mg every 6 hrs PRN
Tums			_____mg PRN
Cough drops			As needed

Parent Signature _____ Date _____

Health Care Provider Signature _____ Date _____

Phone _____

Phone _____