Over the Counter Medication Order Form

For both prescription and over the counter (OTC) medications given in school, the New York State Education Department requires prior written approval from **both** a healthcare provider and the parent/guardian. If your child requires medication, both your health care provider and you will need to complete this Medication Authorization Form and supply the OTC medication for your child. Please make arrangements with your school nurse to drop off medications. There are certain common OTC products listed below that will need physician and parent consent. Once completed, this form allows the school nurse to administer or apply the following OTC medications listed below to your child during school hours.

This form must be signed and initialed by your health care provider and you.

Student's Name: _____DOB: _____ Allergies:_____

Medication	Indications for use and conditions under which medication should be administered. Please add indications if needed	Dosage and Route of Medication	Frequency and/or Time	Health Care Provider Consent (Please Initial)	Parent/ Guardian Consent (Please Initial)
Vaseline	Skin irritation	Topical application to site			
Unscented hand/body lotion: Eucerin or similar brand	Apply to dry, itchy skin	Topical application to site			
Calamine lotion	Analgesic	Topical application to site			
Alcohol liquid 70% and Alcohol prep pads	Skin protectant/ Astringent	Topical application to site			
Benzalkonium for First Aid	antiseptic	Topical application to site			
Aquaphor	Apply to dry skin/lips	Topical application to site			
Contact Solution: Bausch and Lomb or similar brand	Ophthalmic	For contact insertion			
Sting Relief swabs/ pads containing Ethyl alcohol/ Lidocaine 2%	Antiseptic and Analgesic	Topical application to site			
Bacitracin	Antiseptic	Topical application to site			

To be completed by Health Care Provider: **I authorize the medications I have initialed above to be administered to this student**		
Name/Title of Licensed Prescriber: (please print)	License #:	Date:
*Signature:		Initials:
Office Address:		Phone:

To be completed by Parent/Guardian:	
Name: (please print)	Date:
*Signature:	Initials:
***Signature above gives the school permission to use their stock OTC medication listed on this form**	Cell Phone: