



# Prescott School District

## Over the Counter (OTC) Medication Authorization Form

In order to give over-the-counter medications at school and on field trips, the following are required:

- 1) Parent/Guardian signature
- 2) Medication needs to be supplied in an original labeled container.

**\*\*\* Prescott School District supplies the following OTC medications (Tylenol, Ibuprofen, Benadryl, Tums), Except on field trips\*\*\***

### Student Information

Students Name:		Date of Birth:	
Students Address:			
School Attending:		Grade	School Year
List any known drug allergies/reactions			

### Medication(s) Information

Name of Medication #1:			Reason for medication:	
Dosage:	Route:	Time/Interval:	Start Date:	End Date:

Name of Medication #2:			Reason for medication:	
Dosage:	Route:	Time/Interval:	Start Date:	End Date:

### Cough Drops: *(Please initial if sending cough drops)*

\_\_\_\_\_ I give permission for my child to carry and self-administer cough drops provided from home.

### Parent/Guardian Authorization

**Please initial on each line, after reading the statements:**

\_\_\_\_\_ I authorize licensed school personnel of Prescott School District to administer the above medication. I release school personnel from liability if an adverse reaction may result from taking the listed medication.

\_\_\_\_\_ I understand that additional parent-signed statements (such as this form) will be necessary if the medication dosage is changed.

\_\_\_\_\_ I understand that the medication must be in the original container and be appropriately labeled with the name of the medication and the date of expiration when appropriate.

Parent/Guardian Signature	Date	Phone Number:
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