Authorization for Administration

Over-the-Counter Medications at School

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

____ ___________ _____________

Student's Name Date of Birth School Year

____ _________________ ______ __________

Street City State Zip

____ __________ ___________

School Grade Homeroom

As this student's parent/guardian, I give permission for my child to receive the following over-the-counter medications during school hours or during after-school activities. I agree to provide the medication my child needs in the original labeled container with the protective seal intact.

(Circle yes or no for each medication listed below. Physician to complete dosage and time/frequency)

Over-the-Counter Medication (Parent to Complete)	Circle		Dosage (Physician to complete)	Time/Frequency
Acetaminophen (Tylenol) for headache, toothache or minor pain	Yes	No		
Ibuprofen for headache, toothache, minor pain or menstrual cramps	Yes	No		
Anti-itch cream or lotion	Yes	No		
Cough drops	Yes	No		
Tums (antacid)	Yes	No		

Is student allergic to any medications? ☐ No ☐ Yes, allergic to ______________________________

Severe reactions that should be reported to the physician: ____________________________________

Student's Provider (Physician/Nurse Practitioner/Dentist) **Complete dosage and frequency above

Provider's Signature: ____ Date: ______________ Provider's Name:

______________________________ Emergency Phone #: ________________

I give permission to Three Rivers Local School District nurse or Three Rivers Local Schools' designee to give my child the above-mentioned medications for comfort measures. I further agree to indemnify or hold harmless the Three Rivers Local School District and its designees from all claims as a result of any and all acts performed under this authority. I will inform the school if there is a change in any of this information.

Signature of Parent/Guardian ______________________________ Date ______________

Please Print Name of Parent/Guardian ___________________________________

How can we reach you during school hours?

______________ ______________ ______________ ______________

Work Phone Home Phone Cell Phone Other