

Arie Crown Hebrew Day School

**Over-The-Counter (OTC)/Non-Prescription Medication Authorization Form**

In order for your child to receive Over-The-Counter (OTC)/Non-Prescription Medication at school, during school sponsored events, field trips, or overnight trips, you must turn in this completed Medication Authorization Form signed by a parent/legal guardian AND physician. This completed form gives the school nurse and Arie Crown Hebrew Day School personnel explicit permission to administer the listed medications, per the doctor's instructions. A phone call home is not necessary, and it is a parent's responsibility to inform the nurse if your child should not be given any medication on a specific day. This form must be completed and submitted each school year.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Weight: \_\_\_\_\_ Medication Allergies: \_\_\_\_\_

The Nurse's Office has a small variety of stock doses of the following OTC medications available for students. All other non-prescription medication (OTC) must be brought to the Nurse's Office by a parent/guardian. Please authorize which of these medications may be administered to your child by checking the appropriate boxes below. The dosage will be administered according to the directions on the bottle per age/weight of the child unless a physician specifies a different dose.

- ☐ Ibuprofen (Advil/Motrin)
- ☐ Acetaminophen (Tylenol)
- ☐ Diphenhydramine (Benadryl)
- ☐ Cetirizine (Zyrtec)
- ☐ Hydrocortisone Cream
- ☐ Antibiotic Ointment

If you would like your child to be able to receive any other OTC Medications at school (ex: Tums, Claritin, Eye Drops, Lactaid, etc) please list them below with their administration instructions. **These medications must be provided by the parent to the school nurse. Medications must be in their original package, clearly labeled with a student's name and grade, and stored in the Nurse's Office.**

OTC Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_  
Route: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Time/circumstances to be administered: \_\_\_\_\_ Diagnosis / Purpose: \_\_\_\_\_  
Significant Side Effect(s): \_\_\_\_\_  
Other Medications (prescription and non-prescription) Student is Receiving: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I authorize Arie Crown Hebrew Day School and its employees and agents, on my behalf, to administer, attempt to administer, or supervise the self-administration of these Over-The-Counter Medications to my child lawfully in the manner described above.

I acknowledge that it may be necessary for the administration of medication to be performed by an individual other than a school nurse and specifically consent to such practice.

I agree to indemnify and hold harmless Arie Crown Hebrew Day School and its employees and agents against any claims arising out of the administration of medication.

Parent/Legal Guardian Name (printed): \_\_\_\_\_  
Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_