

**St Paul's Lutheran School  
Over-the-counter Medication Authorization Form**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**\*Allergies:**

**\* Current Medications:**

**Over-the-Counter Medication Authorization**

<b>Type of Medication*</b>  <small>*Generic equivalent may be used in place of brand name</small>	<b>Description of symptoms for which medication** should be given</b> <small>** All medication will be given according to original package instructions</small>	<b>This student is authorized to be given this Medication</b>  <b>(Please Circle each medication that applies for this student)</b>
<b>Acetaminophen</b> (i.e. Tylenol)	Headaches; muscles aches; pain; menstrual cramps; fever	<b>Yes          No</b>
<b>Ibuprofen</b> (i.e. Motrin, Advil)	Headaches; muscles aches; pain; menstrual cramps; fever	<b>Yes          No</b>
<b>Cough drops/ Sore throat lozenges</b>	Coughs; minor sore throat pain	<b>Yes          No</b>
<b>Pepto Kids chewables</b>	Indigestion; heartburn; upset stomach	<b>Yes          No</b>
<b>Hydrocortisone 1%</b>	Itch; insect bites; inflammation; rash	<b>Yes          No</b>

**Physician's Comments:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Physician's Name:** \_\_\_\_\_

**Physician's phone number:** \_\_\_\_\_

I hereby authorize the above student to receive any (OTC) medication indicated above from the school nurse. A physician's signature as well as parent/legal guardian signature are required for medication to be given.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

