Burris Laboratory School
Over The Counter Medication Administration Authorization Form

We recognize that students may need to take over the counter medication while at school for health maintenance. Students are not permitted to carry medication at school or school sponsored events, except for inhalers and epi-pens and only when proper documentation is on file in the health clinic. OTC medications at school should be for chronic conditions, such as migraines. **ACCEPTED over the counter medications are: Tylenol/Acetaminophen, Advil/Ibuprofen, Midol, Tums, and cough drops.** Cough drops are for short term use and elementary students will stay in the clinic during use. No more that 1 cough drop every 2 hours will be given. **Standard issue Tylenol and Advil or Tylenol/Advil headache/Migraine will be accepted. No Tylenol/Advil cough and cold/sinus will be accepted. No cough syrup will be given at school.**

- No other OTC medications will be accepted
- OTC medications will be used as manufacturers directions, otherwise a physician's order will be required
- Signed parental consent is required on a OTC medication form
- Parents will supply all OTC medications, in the original pharmacy bottle
- OTC medications will be kept in the clinic
- Expired medication will not be given
- Antihistamines and OTC allergy medications should be given at home
- No herbal, supplements or vitamins will be administered at school.
- No medications will be given if label is altered in any way

This form will expire at the end of the current school year therefore, will need to be renewed at the beginning of each school year. Medications need to be picked up by the last day of the school year. Medications will not be stored over the summer. Medications not picked up will be disposed of.

I request my child be assisted in taking over the counter medication while at school. I will comply with the school's policies and procedures.

Student:_____ DOB:_____

Parent:_____ Date:_____

Phone: (cell)_____ (work)_____

Parent Signature:_____

Medication:_____

Diagnosis:_____

Medication:_____

Diagnosis:_____

Medication:_____

Diagnosis:_____