



AUTHORIZATION FOR NON-PRESCRIPTION MEDICATION ADMINISTRATION

I authorize the ECLC school nurse to administer the following over-the-counter medication to my child during school hours. These medications are in stock in the health office and are approved by the school physician. **Parent/guardian will be contacted prior to administration of any medication.**

Please **CHECK** the medications that may be administered at school with parent permission:

_____ Acetaminophen (Tylenol) – for headache, pain or fever

_____ Ibuprofen (Motrin/Advil) – for headache, pain or fever

_____ Benadryl – for allergy symptoms

_____ Antibiotic Ointment- apply to skin for first aid/wound care

_____ Hydrocortisone Cream 1%- apply to skin for itch or insect bites

_____ Calamine Lotion- apply to skin for skin rash or insect bites

All other medications, both prescription and over-the-counter, require a medical order from your student’s physician. Medication forms and the medication administration procedure can be found in the health packet.

Student Name _____

Parent Signature _____ Date _____