This form is due
July 30

STONE RIDGE OVER THE COUNTER (OTC) MEDICATION AUTHORIZATION FORM

- This form must be completed fully and be on file at Stone Ridge in order for an OTC medication to be provided during the school day.
- The child's physician and parent/guardian must sign this form.
- A new and completed OTC Medication Authorization Form must be completed annually.

Name of Student:_____ Date of Birth:_____ Grade (in Fall):_____

PART I: PHYSICIAN

The Stone Ridge Nurse may administer the following Over the Counter Medications:

- Acetaminophen (generic Tylenol) 325 mg, 1-2 tablets given for pain or fever (or age/weight appropriate dose)
- Ibuprofen (generic Advil/Motrin) 200 mg, 1-2 tablets given for pain or fever (or age/weight appropriate dose)
- Benadryl 25 mg, 1-2 tablets (or liquid age/weight appropriate dose) given for allergies
- Tums (antacid), Pepto-Bismol 1-2 tablets for upset stomach
- Cough drops, Cepacol sore throat lozenges
- Neosporin or Bacitracin ointment given for wound care
- Calamine or Caladryl Lotion given for itching
- Hydrocortisone .5-1% cream given for hives/itching
- Normal Saline eye drops, Clear eyes for contact lenses or itchy eyes

_____ _____ _____

Physician's Name (Print) Physician's Signature Date

Address: _____ Phone: _____

_____

PART 2: PARENTS

I give permission for Stone Ridge personnel to administer OTC medications listed above.

_____ _____ _____

Parent/Guardian's Name (Print) Signature Date

Address: _____ Phone: _____

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