

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 t • Acetaminophen (generic Tyleno appropriate dose) • Ibuprofen (generic Advil/Motrin	l) 325 mg, 1-2 tablets given for p	pain or fever (or age/weight
 appropriate dose) Tums (antacid), 1-2 tablets fo Cough drops, sore throat loze Neosporin or Bacitracin ointm Calamine or Caladryl Lotion go Hydrocortisone .5-1% cream g Normal Saline eye drops, Clear 	r upset stomach inges ient given for wound care iven for itching jiven for hives/itching	
Physician's Name (Print)	 Physician's Signature	 Date
Address:	Phone: _	
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PART 2: PARENTS		
I give permission for Stone Ridge persor	nnel to administer OTC medicati	ons listed above.
Parent/Guardian's Name (Print)	Signature	Date
Address:	Phone:	