



## Over the Counter Medication Authorization & Release 2022-23 School Year

Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Current Daily Meds \_\_\_\_\_

Medication Allergies \_\_\_\_\_

The student above may take the over the counter (OTC) medications listed below. These medications will be administered at the discretion of the nurse or designee at school or on a field trip.

OTC medications will be given per package label dosing instructions, unless prescribed otherwise by a physician.

Please note that each student will be limited to the amount of doses given per day, week, or year as indicated on the label and at the discretion of the nurse/designee. If at any time, the nurse feels that OTC medication is being administered too often, or need for medication is interfering with the student's instructional time, there will be communication with the parent/guardian.

**\*Please select the medications below that may be administered should the situation or symptoms arise:**

\_\_\_\_ Acetaminophen as directed (pain/fever reducer) \_\_\_\_ Children's \_\_\_\_ Adult  
If fever, the school may administer, but the child must not remain at school per fever protocol.

\_\_\_\_ Ibuprofen (pain/fever reducer) \_\_\_\_ Children's \_\_\_\_ Adult  
If fever, the school may administer, but the child must not remain at school per fever protocol.

\_\_\_\_ Calcium Carbonate (Tums) as directed (upset stomach/ heartburn)

\_\_\_\_ Antibiotic Ointment/Spray as directed (minor cuts/scrapes/burns)

\_\_\_\_ Anti-itch Cream (insect bites/minor rashes/minor skin irritations)

\_\_\_\_ Cough Drops (sore throat/ coughing without fever)

\_\_\_\_ Orajel (tooth/gum pain)

\_\_\_\_ Burn Gel/Cream (minor burns)

\_\_\_\_ Eye Drops(saline) (eye irritation/redness)

I acknowledge that eStem Public Charter Schools, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of medication in accordance with this consent form. This form will be renewed at the start of each school year.

Parent Printed Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_