Physician Authorization for Over the Counter Medications (OTC)

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By my signature below, I have determined that when it is necessary, the following medications may be administered by the School Nurse (R.N.) and/or approved nursing assistant, when approved by R.N. on duty and Physicians signature. Please check Box.

Tylenol 325mg Generic O.K.

Motrin 200mg Generic O.K.

Motrin 400mg

Tums Antacid Generic O.K.

Pepto Bismol

Imodium

Dairy Relief/Lactose Enzyme

OTC Cough Drops

Aleve Naprosyn

Claritin 10mg Loratidine 10mg

Zyrtec 10mg Ceterizine 10mg

Benadryl 25mg Diphenhydramine HCL

Please call your school nurse with any questions or concerns you have at 573-687-2091.

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_