

Over-the Counter (OTC) Administration Authorization Form

Due to recent North Carolina legislative changes, over-the-counter (OTC) medication given to students during school hours (includes overnight field trips) **now** require a physician's signature. We will not be able to give students any medication without the signature of the parent and physician.

Instructions:

1. Please fill out and sign the attached form for each student enrolled at Palisades Episcopal School. New authorization forms are required at the beginning of each school year
2. Please have your child's physician sign and date the form.
3. Return the form to Palisades Episcopal School by **August 23, 2011** by mail or drop off.

OTC ADMINISTRATION AUTHORIZATION FORM

Authorization for the following over-the-counter (OTC) medications to be taken/given during school hours (including overnight field trips).

Student's Name (*Last Name, First Name*) _____

Date of Birth _____ Weight _____ Grade _____

I request that my child be assisted in taking the following over-the-counter (OCT) medications as needed during school hours (and overnight field trips) by authorized personnel:

<u>Medications:</u>	<u>YES</u>	<u>NO</u>
Benadryl	_____	_____
Tylenol/Acetaminophen	_____	_____
Ibuprofen/Advil/Motrin	_____	_____
Tums/Pepto Bismol	_____	_____

Physician's Signature: _____ Date: _____

Physician's Name: (*please print*) _____

Practice Name: _____

PARENT'S OR GUARDIAN'S PERMISSION

I hereby give my permission for my child (named above) to receive the above selected medication as needed during school hours (including overnight field trips). On behalf of my child, I absolve Palisades Episcopal School and their agents and employees from any and all liability that may result from my child taking these medications.

(*Signature of Parent of Guardian*)

Telephone

Date