

Over the Counter Medication Form

This form is for authorization of any over the counter medications. This may include Tylenol, Motrin, Benadryl, etc. This form **must** be signed by a physician. Please make sure this form is completed in its entirety, and the proper medication and dosage is provided to the school, in its original sealed packaging.

My child _____, has permission to take the following over the counter, non-prescription medications while on the school's 8th grade Ohio overnight trip May 16-18, 2018.

Medication Name	Dosage	Frequency
Motrin/Advil/Ibuprofen (standing order)	400 mg	Every 6 hours as needed
Tylenol/Acetaminophen (standing order)	500 mg	Every 8 hours as needed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALLERGIES _____

(physician signature) (physician name) (date)

I hereby give consent for the administration of the above named over the counter, non-prescription medication to be dispensed while on the trip.

(parent signature) (parent phone number) (date)

This form and medication must be turned in to the school nurse, no later than May 1, 2018. Additionally, the medication and signed physician order must match in all areas for acceptance. Please be advised this form will not be accepted without a physician signature. Also, if prescription medication is needed please print additional form labeled Medication Administration Record (MAR). Prescription medications will not be covered by this form.