Chaminade-Madonna College Preparatory

500 Chaminade Drive • Hollywood, FL 33021 • (954) 989-5150

AUTHORIZATION FOR SELECTED OVER-THE-COUNTER (OTC) MEDICATION WITH PARENTAL APPROVAL

This form is VOID if altered.

INSTRUCTIONS: Each section must be completed by parent/guardian for student to self-carry or self-administer any of the selected over-the-counter (OTC) medications with parental approval only. The form is void if any section is incomplete. This form is to be signed by the parent/guardian and student.

I. Student/Parent Information

Student's Name:	Birth Date:	Allergies:	Grade:
Parent/Guardian (Print Name):		Address:	
Home Phone:	Work Phone:	Other Phone:	

II. Medication (To Be Completed By Parent/Guardian)

THIS REQUEST IS TO BE EFFECTIVE FOR THE SCHOOL YEAR 20_____ - 20_____ OR FROM _____ TO _____

Medication to be Administered by Mouth	Dosage and Time	Symptoms	Comments	Expiration Date of Medication
Acetaminophen (Tylenol) □Yes □No	Administer according to the manufacturers label	For relief of minor aches and pain; (100.4 temperature will not be treated at school	Student with temperature over 100.4 must be sent home	
Calcium Carbonate (Tums) □Yes □No	Administer according to the manufacturers label	For stomach ache or heart burn	Alert: May cause constipation	
Ibuprofen (Advil, Motrin) □Yes □No	Administer according to the manufacturers label	For relief of body aches and menstrual cramps; (100.4 temperature will not be treated at school)	Alert: Contains no aspirin but should not be given if student has asthma or allergy to as aspirin	
Midol □Yes □No	Administer according to the manufacturers label	Menstrual cramps	Alert: Aspirin sensitive students should be careful	
Allegra □Yes □No	Administer according to the manufacturers label	For relief of the symptoms of seasonal allergies (sneezing, itching, runny nose)	Alert: Avoid taking any other cold or allergy medicine unless your doctor has told you to	
Lactaid □Yes □No	Administer according to the manufacturers label	Lactose intolerance	No common side effects when used in small doses	
Claritin □Yes □No	Administer according to the manufacturers label	For relief of the symptoms of seasonal allergies (sneezing, itching, runny nose)	Alert: Avoid taking any other cold or allergy medicine unless your doctor has told you to	

Other:

III. Parental Permission (To Be Completed By Parent/Guardian Only)

I understand that all medication must be in the original container, clearly labeled with the student's full name. Parents requesting the administration of over-the-counter medications are required to have an "Authorization for Selected Over-the-Counter" (OTC) Medication Form on file in the student clinic. Examples of OTC medications are Tylenol/ acetaminophen, Advil or Motrin/ibuprofen, or Midol, to name a few. Parents must supply the OTC medication where it will be labeled and stored in the student clinic. The student will request a dose from the school nurse as needed.

Name of Parent/Legal Guardian (Please Print):_____

Signature of Parent/Legal Guardian:_____Relationship to Student:_____

Home Phone:_____ Business/Mobile Number:_____

Email Address:_____

IV. Student Acknowledgement (To Be Completed By Student Only)

Name of Parent/Legal Guardian (Please Print):_____

Signature of Parent/Legal Guardian:_____Relationship to Student:_____