



2023/2024 Authorization for Non-Prescribed Medications

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

To the Parent/Guardian:

The following information is necessary to administer any non-prescribed medications. This form is needed ONLY if you would like your child to receive any of the listed medications. Please complete ALL spaces and check mark treatment lines.

\_\_\_\_\_ I am giving my child, named above, permission to receive the following over-the-counter medication(s) in the presence of an authorized staff member:

\_\_\_\_\_ Acetaminophen (Tylenol) \_\_\_\_\_mg

\_\_\_\_\_ Ibuprofen (Advil, Motrin) \_\_\_\_\_ mg

\_\_\_\_\_ Orajel

\_\_\_\_\_ Tums 1-2 tablets

\_\_\_\_\_ Throat lozenge

\_\_\_\_\_ Cough drop

\_\_\_\_\_ Triple antibiotic ointment

\_\_\_\_\_ Burn Spray (Topical Lidocaine 2%)

\_\_\_\_\_ Hydrocortisone 1% cream

\_\_\_\_\_ Benadryl 12.5mg-25mg (for minor allergic reactions only)

\_\_\_\_\_ Insect Sting Spray (Topical Lidocaine 2%)

\_\_\_\_\_ Refresh Plus Lubricating Eye Drops

\_\_\_\_\_ I will be informed if requests of any of the above medications become excessive.

\_\_\_\_\_ I release and agree to hold Emmanuel Christian Academy's Board of Education, its officials, its employees, and the clinic nurse harmless from any and all liability foreseeable or unforeseeable for damages and/or injury resulting directly or indirectly from this authorization.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Contact Number(s)