FAITH COMMUNITY LUTHERAN ACADEMY

Authorization to Administer Over the Counter Medication (OTC) Form

- Over the counter medication requires physician signature with dosage clearly stated
- All OTC meds must be provided by parent and brought to health office
- OTC medication will be kept in health office and administered by staff

Over the Counter Medication	How often	Children's Dose	Adult Dose	Expiration Date
*Acetaminophen (Tylenol)				
*Ibuprofen (Motrin, Advil)				
*Naproxen (Aleve)				
*Benadryl				
*Cough Medicine				
*Allergy Medicine				
Other:				

By signing this release for, I acknowledge that this student can take the above over the counter medication as needed for the current school year. **PHYSICIAN SIGNAURE REQUIRED BELOW.**

Student Name _____Grade_____Teacher_____

Parent Signature_____Date_____

PHYSICIAN BUSINESS NAME: _____

**PHYSICIAN NAME (print)_____Office Number_____

**PHYSICIAN Signature_____