

Perpich Center for Arts Education
OVER-THE-COUNTER (OTC) MEDICATION
AUTHORIZATION FORM 2009-2010

Student Name _____ Date of Birth _____ Circle Grade 11 12
Last First

Medication Allergies No Yes If Yes, give name of medication(s) _____
 Describe reaction _____

Students are expected to bring their own supply of bandages, cold packs, heating pad, etc. and any oral medications that may be needed while on campus. The AHS will provide basic first aid supplies to students (bandages, cold packs, etc) when necessary.

Medications students may take while at the AHS will be provided by parents/guardians. ***All medications brought to campus must be checked in with the School Nurse and listed on this form.*** Medications may be added or deleted from this authorization form at any time during the school year by contacting the School Nurse. With parental consent, the following types of OTC medications may be made available to your child when needed. There may be rare instances in which the AHS will provide parental authorized medications to residents if the student's individual supply is depleted at the time it is needed. The cost for medications provided by AHS staff for residents may be deducted from the resident's refundable portion of the Residential Fees. At the Nurse's discretion and after the medications are checked in, a limited supply of most of these listed medications *may* be kept in dorm rooms.

Please check "yes" or "no" to authorize designated AHS staff to give your child the following medications while on campus. OTC medications are dispensed per package directions unless written directives are provided by a Physician.

Over-the-counter medication dispensed <i>per package directions</i> :	Indications:	Yes	No
Acetaminophen (Tylenol) or generic	Pain reliever/fever reducer		
Ibuprofen (Advil) or generic	Pain reliever/fever reducer		
Midol or generic	Menstrual cramps		
Benadryl or generic	Hay fever or upper respiratory allergies		
Sudafed PE or generic	Nasal and sinus congestion		
Cough drops or throat lozenges	Cough/throat irritation		

Please add any other OTC medications you expect to provide for your child. Do not list prescription medications in this location. An authorization form from a Physician is required for prescriptions.

Over-the-counter medication dispensed <i>per package directions</i> :	Indications:	Yes	No

I give permission for the medication(s) listed above to be given to my child for self-administration at the Nurse's discretion or dispensed by designated personnel as delegated by the School Nurse.

 Parent/Guardian Signature

 Date

