King Philip School District

18 King Street
Norfolk, MA 02056
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Over-The-Counter (OTC) Medication Authorization Form

Student Name:________________________________ Date of Birth: _________________ Grade: _____

With parental consent, the following types of OTC medications may be made available to your child when needed.

Please check "yes" to authorize the school nurse/staff to give your child the following medications while at school. OTC medications are dispensed per package directions unless written directives are provided by a physician.

Over-the-counter medication dispensed per package directions:	Indications:	Yes
Acetaminophen (Tylenol) or generic	Pain reliever/fever reduce	
Calcium Carbonate (Tums)	Stomach Pain	
Ibuprofen (Advil) or generic	Pain Reliever/fever reducer	
Benadryl	Antihistamine/relieves allergy symptoms	

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

Parent/Guardian Signature ____
Date____________________