

**OVER-THE-COUNTER MEDICATION AUTHORIZATION**

(Completed form should be uploaded to Magnus Health via the link on TownToday)

**STUDENT NAME:** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**NON-PRESCRIPTION MEDICATION (over-the-counter)** may be administered by The Town School Nurse or her RN designee. The medications listed below will be available in the School Nurse Office and on Overnight Fieldtrips. These listed medications will only be administered as per its indication and the manufacturer's recommended dosing for weight and age.

**Please check the following boxes that apply:**

- ALL over-the-counter medications are authorized as listed below**
- NO over-the-counter medications are authorized (only parent signature required)**

**OR indicate which medications may be administered by checking the boxes below:**

- Acetaminophen (Tylenol)** - fever, pain, headache
- Ibuprofen (Motrin/ Advil)** - fever, pain, headache
- Benadryl** - allergic reaction
- Claritin** - allergy symptoms
- Zyrtec** - allergy symptoms
- Thera Tears Eye Drops** – dry eyes
- Bacitracin Topical Ointment** - minor cuts, abrasions
- Tums** - upset stomach, indigestion
- Anti-Itch cream (Hydrocortisone 1%)** - bug bites, poison ivy, minor skin irritations
  
- Other:** \_\_\_\_\_ **(Parent/Guardian to provide)**

**\*Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Health Care Provider Signature/Stamp:**

\_\_\_\_\_ **Date** \_\_\_\_\_