



Over-The-Counter (OTC) Medication Authorization Form

Heritage Academy requires written permission by a parent/guardian for administration of any medication at school. Please: **1) circle your preference of which over-the-counter medication(s) you would like your scholar to have permission to take, while at school, and 2) provide the appropriate signatures at the bottom of this form.** This form will be kept on file in the front office and will be valid until graduation.

Scholar's Last name (printed) _____ Scholar's First name (printed) _____

I give permission for the following medication to be given to my scholar to take during the school day.
Please circle all that apply.

Tylenol 250mg per tablet, 1-2 tablets
(Every 6 hours as needed)

Advil 200mg per tablet, 1-2 tablets
(Every 6 hours as needed)

Menthol Cough Drops
(As needed)

Benadryl 25mg
(For mild seasonal allergies, every 6 hours as needed)

The Front Office stocks a generic supply of the medications listed above.

Parent/Guardian Authorization

I authorize Heritage Academy to administer said medications to my scholar, on an as needed basis, according to School Board Policy and Medication Administration Procedures and Guidelines.

Circle yes or no:

YES NO Student may determine when this OTC medication is needed

If answering "**NO**", staff will call you before dispensing.

NOTE: *Parent/Guardian responsibility to notify the school of any health history changes that would cause adverse effects with taking above medications.

Parent/Guardian First and Last Name (Printed) _____

Parent/Guardian Signature _____

Scholar Signature _____

Administrator Signature _____

Effective Date: _____