OVER-THE-COUNTER Medication Authorization

Part I: Completed by an Authorized Parent/Guardian

I hereby request and authorize Westerly School personnel to administer Over-the-Counter (OTC) medications as directed by the parent/guardian (Part II below). I agree to release, indemnify, and hold harmless Westerly and any of its officers, staff members, nurse delegates, or agents from lawsuit, claim, demand, or action against them for administering the following ordered medication(s) to this student, provided the Westerly staff are following the parent's/guardian's order as written in Part II below.

The Parent/Guardian is responsible for providing over-the-counter medications. The child's name must be clearly labeled on the medication.

Student: _____ DOB: _____ Grade: _____

Allergies: _____

Parent or Guardian's Printed Name: _____

Parent or Guardian's Signature: _____ Date: _____

Part II: Completed by an Authorized Parent/Guardian

Any necessary medication that can possibly be administered before or after school should be given outside of school hours. Westerly personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on this form. Please do not use abbreviations.

☐ I have read the above information and assume the responsibilities as required.

Please indicate the medication(s) that you are providing to the school which are to be administered to your child:

Medication	Dosage
☐ Tylenol® (Acetaminophen) as indicated for fever, cold symptoms, pain	
☐ Motrin®/Advil® (Ibuprofen) as indicated for fever, cold symptoms, pain	
☐ Benadryl® (Diphenhydramine HCL) as indicated for allergy	
☐ TUMS® (Antacid) for upset stomach	
☐ Cough Drops/Throat Lozenges	
☐ Other: _____	

Name of Child's Physician: _____

Physician's Address: _____

Physician's Phone: _____

Approved by School Personnel: _____ Date: _____