**Orisun Academy for Healing Arts**
**Administration of Over-the-Counter Medication**

To request that Orisun Academy for Healing Arts administer over-the-counter medications to your child for occasional use at school, the following is required:

- The physician's signed and dated authorization for selected medication at school.
- Parent/Guardian's signed and dated authorization to administer selected medications at school.
- Physician's directions, if differing from manufacturer's instructions.
- Annual renewal of authorization and immediate notification in writing of changes.

Please take this form to your physician for their signature and instructions for administering if different from the manufacturer's instructions.

**Child's Name:** _____ **DOB:** _____

| Over the Counter Medication | Symptoms for which medication is administered | Y/N | Physician's instructions, if different from product label |
|---|---|---|---|
| Acetaminophen (Tylenol) | Fever, headache, muscle aches, pain, menstrual cramps | | |
| Ibuprofen (Advil, Motrin) | Fever, headache, muscle aches, pain, menstrual cramps | | |
| Diphenhydramine (Benadryl) | Runny nose, sneezing itchy/watery eyes, rash/hives, acute allergic reaction | | |
| Loratadine (Claritin) | Runny nose, sneezing itchy/watery eyes | | |
| Cough Drops | Scratchy throat, dry cough | | |
| Calcium carbonate (Tums) | Heartburn, upset stomach, indigestion | | |
| Bismuth Subsalicylate (Pepto Bismol, Kaopectate) | Heartburn, upset stomach, indigestion | | |
| Sterile saline solution | Minor eye irritation | | |
| Antibiotic ointment (Neosporin) | Cuts, scrapes, abrasions | | |
| Hydrocortisone 1% | Insect bites, rash, inflammation, itching | | |
| Aloe | Pain associated with minor burns | | |
| Sunscreen | Sun exposure (please send in personal labeled supply for your child) | | |
| **Other:** | | | |

I request the above child be given the over-the-counter medications selected above on an as needed basis at school by qualified staff, according to the manufacturer's instructions or the physician's instructions if they should differ. I hereby affirm that I am aware of the various risks and/or side effects which could occur upon taking the over-the-counter medication(s) selected above. My child has previously taken the medication(s) selected above with no known adverse reactions. I hereby affirm qualified staff who administer the over-the-counter medications selected above shall be held harmless for any adverse reaction experienced by the child. I certify that I have the legal authority to consent to medical treatment for the child named above, including the administration of medication at Orisun Academy for Healing Arts.

Parent/Guardian Signature _____ Date: _____

Physician's Signature _____ Date: _____