



## Over- the- Counter (OTC) Medication Authorization Form

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please check "yes" or "no" and sign below to authorize Commonwealth Academy to administer the following over- the-counter medications to your child. OTC medications are administered per package directions.

Medication	Yes	No
Acetaminophen (Tylenol)		
Ibuprofen (Advil)		
Antacid (Tums)		
Cough Drops		
Diphenhydramine (Benadryl)		
Topical Ointment (antibiotic, hydrocortisone)		
Sunscreen		

**Please select and complete the appropriate permission category below.**

**Commonwealth Academy does NOT have my permission to administer non-prescription medications to my child.**

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Commonwealth Academy has my permission to administer to my child the non-prescription medications indicated above.**

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_