



Eastminster School Over the Counter Medication Authorization

Student's Name _____ Age _____ Weight _____ Grade _____

Any Known Medication Allergies?

Medications that are stocked at school are listed below. Your child may demonstrate certain signs and symptoms that could benefit from these medications. Over the counter medications will be administered according to the manufacturer and age/weight appropriate directions as written on the label.

Medications Stocked in the Infirmary

Advil/Ibuprofen/Motrin

Aleve

Triple Antibiotic Ointment (Bacitracin, Neomycin, Polymyxin B)

Benadryl Suspension and Tablets

Caladryl Gel

Children's Motrin Suspension

Children's Tylenol Tablets/Liquid

Children's Junior Strength Tylenol Tablets

Maalox/Tums

Tylenol/Acetaminophen

Emetrol (for nausea)

Hydrocortisone Cream

Imodium

Ivarest

Pepcid

Robitussin Elixir

Sudafed

Throat Lozenges/Cough Drops

_____ YES, I give permission for my child to receive the above medications

_____ I request to be notified **before** any medication is administered to my child.

Signature of Parent/Guardian

Date

Reviewed by School Director

Date

Personal Physician _____ Phone _____

Name of Insured Parent _____ Insurance Company _____

Group# _____ Policy# _____

In case of emergency, contact:

Name _____ Relationship _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Authorization and Consent to Medical Treatment

Understanding that my child may need emergency treatment during school hours or at school activities while attending Eastminster School, I authorize the school to administer such first aid or other minor medical treatment including over the counter medication deemed best under the circumstances. I understand that the school will attempt to notify me, or my spouse, in the event of an emergency requiring immediate medical care, and if the school is unable to notify me, I consent to have my child treated by a duly qualified physician at the nearest emergency facility. This authorization applies to all school sponsored programs. I will not hold Eastminster School financially responsible for the emergency care and/or transportation of my child. I acknowledge that it is my responsibility to keep my child's health records current. I also understand the obligation to provide medical insurance for my child rests with me as a parent or guardian.

Release of Information

I, as the parent or guardian of the above minor child, acknowledge that Eastminster School has received health information and records regarding my child from me and/or other sources. I hereby authorize Eastminster School to receive, review, discuss, and disclose my child's health information and records to others if necessary or appropriate for my child's education, well being, best interest, health and safety, and/or coordination of services. I hereby release Eastminster School from any liability, damages and expenses arising in connection with the receipt, use, disclosure or discussion of my child's health information and records.

Signature of Parent or Guardian _____ Date _____