

**NEWTON FALLS EXEMPTED SCHOOL DISTRICT
NON-PRESCRIPTION MEDICATION AUTHORIZATION**

Last Name _____ **First Name** _____

Grade _____ **Age** _____ **Birthdate** _____

With parent/guardian permission, any of the medications listed below can be given to your student should the need arise while he/she is at school. Please check the medications you wish to be available for your student and sign at the bottom of this form. Dosage per box instructions will be followed unless otherwise indicated. If an elementary student is given a medication at school, written notice will be sent home that day with the student. **No non-prescription medication will be given to any student unless this completed form is returned to the school!**

I give designated school personnel permission to administer the following non-prescription medication(s) during school hours if needed:

_____ **Tylenol** (or generic equivalent) for headache or minor aches/pains. **DOSAGE** _____

_____ **Ibuprofen 200mg** (generic form of Motrin or Advil) for minor aches/pains. **DOSAGE** _____

_____ **Tums** (or generic equivalent) **regular strength** for upset stomach. **DOSAGE** _____

_____ **Calagel Lotion** for itching skin/rashes such as mosquito bites, poison ivy, etc.

_____ **Benadryl** for **severe allergic reaction only** (dose per box directions).

_____ **Chapstick or Carmex** for severe chapped lips.

_____ **Anbesol** or generic equivalent for minor mouth irritation

_____ **A & D Ointment** for skin chafing.

_____ **First Aid Cream / Triple Antibiotic Ointment** for minor abrasions.

_____ **Cough Drops** for minor throat irritation or cough as needed.

_____ **Saline Eye Drops** for minor eye irritations as needed.

_____ **Clear Eyes or Visine** for minor eye irritations as needed.

_____ **No Medication is to be given to my student**

*** **Attention:** If there is another **non prescription medication**, other than those listed above, that you wish to have available at school for your student, medication form B must be completed. This form is available in any school office and on the school website

I release and agree to hold the Board of Education, its officials and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from the administration of the non-prescription drug.

Parent/Guardian's Signature: _____ **Date:** _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____