



# MOUNT SAINT MARY ACADEMY

*Sponsored by the Sisters of Mercy*

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## **Over the Counter Medication Authorization**

It is the policy of the NH Department of Education that we must have written permission from a child's parents/legal guardians for a child to receive any medication at school. A new form must be filled out each year.

Should your child require prescription medication(s) to be administered during school hours, please obtain an AUTHORIZATION TO ADMINISTER PRESCRIPTION MEDICATIONS form from the Health Office.

Listed below are the topical and oral medications used at Mt. St. Mary Academy on an "as needed" basis. These medications are only given according to package instructions unless a separate doctor's order is provided. **Please check off the medications that you wish your child to receive (on an as-needed basis). If nothing is checked off, your child will not be able to receive any of the treatments below.**

- Acetaminophen (Children's Tylenol)
- Ibuprofen (Children's Advil)
- Antihistamine (Children's Benadryl) - emergency situation only
- Tums
- Cough drops
- Burn cream
- Triple antibiotic ointment
- Hydrocortisone 1% cream
- \*\* Other (provided by parent): \_\_\_\_\_

Special instructions: \_\_\_\_\_

Allergies to any medications: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, Grade \_\_\_\_\_, to be given the above checked medications by the school Health Supervisor or her designee. If the Health Supervisor feels that my child is requesting this medication too often, I will be notified with a phone call or by email.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Any other over the counter medication not listed above must be provided by the parent in its original container clearly marked with the child's name.