



Authorization for Administration of Over-the-Counter Medications at School

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Student Name _____ Date of Birth _____ School Year _____

Address _____ Lab Teacher _____

Emergency Contact Name/Relationship _____ Phone Number _____ Grade _____

As this student's parent/guardian, I give permission for my child to receive the following medications during school hours for the below mentioned comfort measures. I agree that the medication to be administered will be from the school nurse's stock medications unless I choose to provide my own. If I choose to provide my own medication for my child, it will be in the original labeled container with the protective seal intact. I further agree to indemnify or hold harmless Knox Public Health or the Knox County Career Center and its agents from all claims as a result of any and all acts performed under this authority. I will inform the school if there is a change in this information. Although rare, if an allergic reaction (lip/tongue/throat swelling, hives, itching, wheezing, nausea, vomiting, tightness in chest, dizziness, difficulty swallowing) occurs, stock epinephrine is kept in the nurse's office and available to administer.

Parent/guardian and 911 will be called if this occurs.

(Circle yes or no for each medication listed below.)

			Dosage	Time/Frequency
Acetaminophen (Tylenol) for headache, toothache or minor pain.	YES	NO	1-2 tablets (325 mg each)	Every 4-6 hours as needed, not to exceed 10 tabs/24 hours
Ibuprofen (Advil or Motrin) for headache, toothache, minor pain or menstrual cramps.	YES	NO	1-2 tablets (200 mg each)	Every 4-6 hours as needed, not to exceed 10 tabs/24 hours
Skin cream or lotion (Calamine, Benadryl anti-itch gel, Neosporin, Vaseline)	YES	NO	Generous amount applied to affected area	As needed
Cough drops	YES	NO	1 lozenge	Every 2 hours as needed
Tums (antacid)	YES	NO	2-4 tablets (500 mg each)	As needed, not to exceed 15 tabs/24 hours

Medication Allergies: _____

Liver Disease (circle one) YES NO Kidney Disease (circle one) YES NO

Parent/Guardian Signature _____

Parent/Guardian Name (Please Print): _____ Date: _____

Best phone number to reach you: _____