

OVER-THE-COUNTER MEDICATION AUTHORIZATION FORM

Midwest Academy offers First Aid and can dispense over-the-counter medications to address minor care and comfort situations for students.

Please indicate if you grant authorization for Midwest Academy to dispense the following over-the-counter medications to your child, if your child requests. Dosage dispensed will be the recommended brand label dosage based on age/weight/time duration, unless parent denotes more conservative dosage or limitation. Please note any limitations below. This form is valid for one year and must be renewed yearly.

Student's Full Name	Date of Birth

OVER-THE-COUNTER MEDICINE	PERMISSION?		INDICATE LIMITATIONS.
Tylenol (Acetaminophen 500 mg/caplet)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Advil (Ibuprofen 200mg/tablet)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Benadryl (Diphenhydramine HCl 25mg/tablet)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tums Antacid (Calcium Carbonate USP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Imodium A-D (Loperamide HCl)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pepto-Bismol (Bismuth subsalicylate)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

I (We) hereby give Midwest Academy staff the authority to dispense/administer over-the-counter medications marked above to my (our) child during the school day. I (We) shall hold harmless, Midwest Academy, its trustees, administrators, teachers, and any other staff person who may act in reliance upon the authority granted to them.

Parent/Guardian Signature	Date