



## Stock Non-Prescription Medication Authorization Form For School-Sponsored Extra-Curricular Activities

Student's Name: \_\_\_\_\_ Student #: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M  F  Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Allergies: \_\_\_\_\_

### Stock Non-Prescription Medications

I authorize the medications below, indicated with my initials, to be administered by school staff or contracted or volunteer health care practitioners trained in the District's medication administration procedure during school-sponsored over-night extra-curricular activities.

Medication	Dosage	Reason	Parent Initials if Medication May be Given
Acetaminophen 325 mg. (Tylenol)	2 tablets every 4-6 hours while symptoms are present	Pain, fever	
Ibuprofen (Motrin) 200 mg.	200 mg. every 4-6 hours as needed. May increase to 400 mg. every 4-6 hours if needed	Pain, fever, cramps	
Calcium Carbonate Chewable Tablets (Tums) 500 mg.	2-4 tablets up to 3 times per day	Heartburn, upset stomach	
Pepto-Bismol tablets	2 tablets every hour, not to exceed 8 tablets in 24 hours	Diarrhea, Nausea, indigestion	

Parent/Guardian Name Printed: _____		
Parent/Guardian Signature: _____		Date: _____
Home Phone: _____	Cell Phone: _____	Emergency Phone: _____

### Medication Administration Log – Record all medications given

Medication	Amount	Date Given	Time Given	Reason	Initials

Name of Staff Administering Medication: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

Name of Staff Administering Medication: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

Name of Staff Administering Medication: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_