



**Authorization for Administration of  
Over the Counter/Non-prescription Medication**

Any over the counter/non-prescription medications needed for students will be provided by parent/guardian. All medications must be in original unopened container with visible current expiration date. Medication should be clearly labeled with student's first and last name. Student must have taken provided medication previously; no first dose medication will be given at school.

OTC medications needed longer than two weeks must have review and approval of the school nurse and may require a physician's order. I give permission for my health care provider and Grace Christian Academy to send or receive a fax of this medical record. Grace Christian Academy is not responsible for any ill effects which might occur from medication. I agree to hold Grace Christian Academy harmless for the administration of such medication.

**I request that the below medication be given to my child by the school nurse or school personnel.**

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage (amount to be given, must be within recommended guidelines listed on medication) \_\_\_\_\_

Time of Day to be Administered \_\_\_\_\_

Medication to be given from \_\_\_\_\_ To \_\_\_\_\_

Reason for Health Problem \_\_\_\_\_

How it is Taken \_\_\_\_\_

When was the Initial Dose of this medication given? \_\_\_\_\_

Health Care Provider's Name \_\_\_\_\_ phone \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_